

16-17 Park Street, Deal CT14 6AG Telephone 01304 380400

Email: admin@clinicaldenturecentre.co.uk Web: www.clinicaldenturecentre.co.uk

Dentist	
Patient Name	DoB
Address	
The above detailed patient requires denture work.	
As you will be aware, as the patient is dentate we have an obligation to ensure that he/she has seen a dentist before we are able to carry out this work. I should therefore be very grateful if you would please note below any issues which I would need to take into consideration when working on the dentures. Please then sign this form to indicate that the patient has been advised of any recommended treatment and that you are happy for me to proceed with the denture(s), and return it to me.	
Peter Price DiP, CDT, RCS (England) Clinical Dental Technician GDC No. 146076	
Date	Signed
Notes/instructions from dentist:	
8 7 6 5	5 4 3 2 1 1 2 3 4 5 6 7 8