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GDC Reg. No. 122204
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PATIENT PRESCRIPTION.

Patient's name……
Date of birth……
Address……
……..
Postcode……
Telephone Nos……...

Thank you for referring the above named patient to me. I saw the above patient at my clinic on (date) / / and have completed/am undertaking his/her treatment.

To complete the treatment the patient now requires the following:
(Please tick as appropriate)

Upper Partial Denture ☐

Lower Partial Denture ☐

Complete Upper Denture ☐

Complete Lower Denture ☐

Other (Please Specify) ……

Particular or specific instructions for the proposed treatment:
……..
……..
……..

I am referring the patient to you for completion of his/her treatment. Copies of his/her relevant records including a chart and radiographs, where appropriate, are attached.

Signature…….. ……Date …….

Name (or practice stamp below)…….....

G.D.C. reg. no……