



Adam Norris Dental Laboratory Ltd

DENTURE CLINIC

DENTAL PRESCRIPTION

Patient Name
 Date of Birth
 Address

 Postcode
 Phone Number

I saw the above patient at my practice on[date] and have completed/am undertaking their treatment.

To complete the treatment, this patient now requires a:

(please tick as appropriate)

Upper Partial Denture Lower Partial Denture
 Complete Upper Denture Complete Lower Denture
 Other (Please Specify)

Any particular or specific instructions related to the denture provision

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I am referring this patient to you for completion of this treatment.

Name.....
 Signature.....
 Date.....

