

Patient Treatment Plan

Patient Name:

Thank you for referring the above named patient to me.

I saw at my clinic on and have completed / am undertaking treatment.

To complete his/her treatment the Patient needs:
(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 sending the patient back to you, with a prescription for the completion of his/her treatment. A copy of his/her relevant records including a chart and radiographs where appropriate is attached.

Signature

Date

Name