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# PATIENT PRESCRIPTION AND TREATMENT PLAN

**Patient Details**
**Name:**

**Address:**

**Date of Birth:**

**Contact number:**

**Email:**

I saw the above patient at my clinic on ……and have completed an Oral Health Check.

I am referring the patient back to you for carry out the following treatment:

My particular or specific instructions related to the above denture provision are noted here:

Copies of his/her relevant records including a chart and radiographs where appropriate are attached.

Signature…… Date……

Name…… Qualification(s)……

GDC Registration Number:

……