

# Southbourne Grove Denture Clinic

161a Southbourne Grove, Westcliff-on-Sea, Essex. SSO 9UN  
Tel: 01702 345648      www.sgdentureclinic.co.uk

## PATIENT TREATMENT PLAN

Re.....

Thank you for referring the above named patient to me.

I saw.....at my clinic on.....and  
**[have completed] / [am undertaking] [his/her]** treatment.

To complete his/her treatment he/she now requires a:  
*[please tick as appropriate]*

Upper Partial Denture     

Lower Partial Denture     

Complete Upper Denture     

Completer Lower Denture     

Other [Please Specify].....

Any particular or specific instructions related to the denture or appliance provision.

.....  
.....

.....  
I am referring the patient back to you for completion of his/her treatment. A copy of his/her relevant records including a chart and radiographs where appropriate is attached.

Signature.....

Date.....

Name.....

Qualification[s].....