

Southbourne Grove Denture Clinic

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

REFERRAL REQUEST LETTER

Date.....

Dear Dr.....

Re:.....

The above named patient [visited/rang] my clinic requesting [*a new partial denture / new dentures / addition or other etc*] on.....

On preliminary conversation, the patient is dentate and as a result, for me to treat the patient, I need [him / her] to be seen by a dentist first.

I would be most grateful if you would examine and treatment plan this patient, carrying out whatever treatment is required prior to the making of any [*denture/dentures*] or other appliance.

I would then be grateful if you would refer the patient back to me, with the enclosed prescription completed, and a copy of any relevant records so that I can complete the treatment.

Thank you for your assistance.

Timothy Foster Dip CDT RCS [Eng]

GDC No. 145700