CHESHIRE
Denture Clinic
26 Plumley Rd, Handforth, Wilmslow, Cheshire SK9 3RR
Tel: 01625 418789
Paul Keegan Dip CDT RCS (Ed)
Clinical Dental Technician
GDC No 152121

Patient Referral Form

Date: ....

Patient Details

Name: ....

D.O.B: ....

Address: ....

....

....

....

Post Code: ....

Telephone: ....

Email Address: ....

Referring Dentist's Details

Dentist Name: ....

GDC No: ....

Practice Address or Stamp:

....

....

....

....

....

Email Address: ....

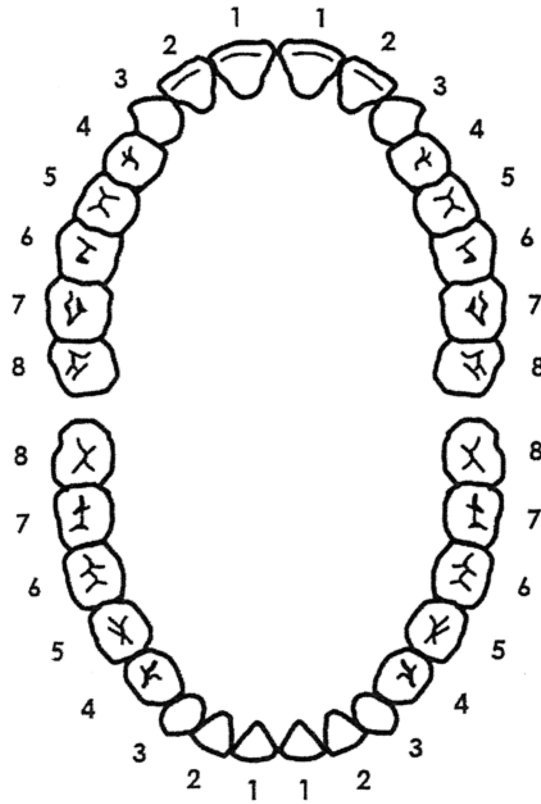
Dear GDP

I would appreciate if you would examine the attending patient and confirm if they are orally fit to be treated by a Qualified Clinical Dental Technician for the processes of:

Please tick

- ☐ Immediate addition to existing Denture
- ☐ Tissue Borne Acrylic Denture
- ☐ Tooth Borne Cobalt Chrome Denture
- ☐ Flexi Denture
- ☐ Not Orally Fit

Signature ....



CDT's Comments

Dentist's Comments

☐ Please tick and sign to confirm that the patient is orally fit to be treated by a Qualified Clinical Dental Technician

Signature