

A Lab providing a quality, approachable and professional service

Patient Assessment Letter

This patient Assessment form is to be used by dentists for patients requiring treatment for partial dentures or full dentures with natural teeth remaining - made by Paul Walkington (GDC 145424) a registered Clinical Dental Technician at Devonshire House Denture Solutions. Please complete this form and return it back to Devonshire House or hand it to the patient for their use.

Patient Name _____

Patient Address _____

Telephone No _____

Date of Birth _____

Dentist making this Assessment _____

Registration Number _____

Practice Address _____

Practice Telephone Number _____

Signed _____ **Date** _____

By signing this form I agree that the patient named above is suitable for partial dentures or full dentures and that their current teeth are in a suitable condition for dentures.

Please note any relevant referral information below.
(Eg type of denture, or teeth to be avoided for clasping purposes)

CDT Proposed Treatment Plan