



# RICHARD

## DENTAL LABORATORY LIMITED

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GDC: 130138

### DENTURE PRESCRIPTION FORM

**Patient Name:**

**Date Of Birth:**

**Address:**

**Contact No:**

*Please provide denture/dentures according to the following general directions*

Upper Material ( <i>please cross</i> )	Acrylic		Chrome-Cobalt		Flexible		Other	
Lower Material ( <i>please cross</i> )	Acrylic		Chrome-Cobalt		Flexible		Other	

Upper ( <i>Please cross</i> )	Tissue Borne		Tooth Borne	
Lower ( <i>please cross</i> )	Tissue Borne		Tooth Borne	

#### RELEVANT INFORMATION

Teeth of doubtful prognosis

R \_\_\_\_\_ L

Teeth to be extracted

R \_\_\_\_\_ L

**Further Instructions:**

Name:	GDC No:	Signed:	Date:
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