



2-4 Derby Road, Stapleford, Nottingham, NG9 7AA

Tel : 0115 9490222 email: impressionsdentureclinic@gmail.com

Denture Prescription Form

Prescription for:

Address:

.....
.....

DOB: Telephone number:

Denture / dentures required:

Detailed written prescription:

Teeth of doubtful prognosis:

Teeth to be extracted:

Other relevant information:

Clinician Name:

Practice Name:

Signature: Date:

GDC number: