

**APPLICATION FOR THE REPLACEMENT OF DENTAL APPLIANCE**

1. Dentist's Name:	2. Patient's Name
Address	Address
	H & C no
DS No	DOB/CHI

3. Please explain how the original denture/orthodontic appliance/biteguard was lost or broken beyond repair.

4. If the cost of replacing the appliance would cause hardship to you please complete this section and attach a copy of relevant evidence

- I am, or my partner is named on a current HC2 HS charges certificate
- I am, or my partner is named on a current HC3 HS charges certificate
- I am, or my partner is named on a valid NHS Tax Credit exemption cert
- I, or my partner receive Pension Credit guarantee credit
- I, or my partner receive Income Support
- I, or my partner receive Income-based Jobseeker's Allowance
- I, or my partner receive Income-related Employment Support Allowance

5. I am the patient

I am signing for the patient

Name (in capitals)

Relationship to patient

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please ensure all relevant sections of this form are completed and copy of relevant evidence (if applicable) is attached and relevant to declaration at Part 4. Forms without evidence cannot be considered.**