

Confidential - Clinical Information

**Anaesthetics  
University Hospital Crosshouse  
Kilmarnock Road  
Kilmarnock  
KA2 0BE**



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[www.nhsaaa.net](http://www.nhsaaa.net)

Dental Surgery Address

Our Ref:  
Enquiries to Anaesthetic Secretary  
Direct Line: 01563 827172  
Ext. Number: 27172  
Email: [Louise.Wilson3@aapct.scot.nhs.uk](mailto:Louise.Wilson3@aapct.scot.nhs.uk)  
Date:

Dear General Dental Practitioner,

*Input Patient Name*  
*Input Address*

DOB:

CHI No:

The above named patient recently underwent a procedure at University Hospital Crosshouse on *[insert date]* during which a dental injury occurred. Our findings on examination are as follows *[insert brief findings]*

NHS Ayrshire and Arran may cover reasonable NHS costs towards restoration of the injury on a like-for-like basis.

Please forward an assessment of the injury, agreed treatment plan and quotation to the NHS Ayrshire and Arran Dental Practice Advisor (DPA) together with supporting evidence (e.g. X-Rays).

The treatment plan and quotation will subsequently be assessed for approvals and passed to management then finance departments respectively for consideration.

Yours sincerely

**Dr.**  
**Job Title**  
**GMC**