



Date: \_\_\_\_\_

This letter is to confirm that \_\_\_\_\_ has agreed that the colour of his/her bridge is acceptable and the patient is happy with the colour shade. Dr. \_\_\_\_\_ had discussed the shade options and the patient agrees that the chosen colour is correct and takes full responsibility.

Patient signature: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Witness: \_\_\_\_\_