



Non-Replacement of Dentures by Facility

To whom it may concern:

This letter is to certify that _____ (facility) is not responsible for replacing lost or broken dentures for its residents. Furthermore, the facility will not pay to replace the lost denture on behalf of _____ (resident).

Administrator Signature

Date

LifeCycle Dental Resources ®
6618 Fossil Bluff Drive, Ste. 100
Fort Worth, TX 76137
P: 817-439-8770
F: 817-439-8774