HEALTH AND SOCIAL CARE FRONTLINE WORKER (GENERAL DENTAL PRACTICE)

This letter confirms that ___________________________ is a frontline worker in the above named Dental Practice, is involved in direct patient care and in line with the Green book guidance is eligible to receive a booster COVID-19 dose.

Yours sincerely

Signed by practice dentist: ___________________________

Practice dentist name in block capitals: ______________________

Dentist DS number: __________