

NHS  INDEPENDENT  PRIVATE

DENTIST  
Address:

Email: \_\_\_\_\_

Postcode: \_\_\_\_\_  
GDC No: \_\_\_\_\_

PATIENT

JOB No: \_\_\_\_\_ LAB TECH: \_\_\_\_\_

RESTORATION

|             |                          |                 |                          |             |                          |
|-------------|--------------------------|-----------------|--------------------------|-------------|--------------------------|
| Crown       | <input type="checkbox"/> | Veneer          | <input type="checkbox"/> | Shell Crown | <input type="checkbox"/> |
| Bridge      | <input type="checkbox"/> | Implant         | <input type="checkbox"/> | Post        | <input type="checkbox"/> |
| Inlay/Onlay | <input type="checkbox"/> | Maryland Bridge | <input type="checkbox"/> | Metal Free  | <input type="checkbox"/> |

MATERIAL

Porcelain

Bonded Non Precious\*

Bonded Semi Precious\*

Bonded Precious\*

Yellow Gold\*( Shell Post & Inlays)


Zirconia®

Composite

DESIGN

Shade \_\_\_\_\_

Staining \_\_\_\_\_



|   |  |                                 |
|---|--|---------------------------------|
| <b>METAL DESIGN</b>   | <b>IF INSUFFICIENT ROOM OCCLUSAL</b>   | <b>INTERPROXIMAL CONTACT</b>    |
| <input type="checkbox"/> Show No Metal 360°                   | <input type="checkbox"/> Trim Opposing <input type="checkbox"/> In Occlusion       | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Metal Collar 360°                    | <input type="checkbox"/> Trim Abutment <input type="checkbox"/> Light Occlusion    | <input type="checkbox"/> Light  |
| <input type="checkbox"/> Metal Lingual Band                   | <input type="checkbox"/> Metal Occlusion <input type="checkbox"/> Out of Occlusion | <input type="checkbox"/> Tight  |
| <input type="checkbox"/> Metal Occlusal Excluding Buccal Cusp | <input type="checkbox"/> Metal Island  |                                 |
| <input type="checkbox"/> Metal Occlusal Including Buccal Cusp |  |                                 |

Extra instructions

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**CUSTOMER SERVICE**  
**01738500410**

LAB TICKETS  POSTAGE LABELS   
Tick if required



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This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by the patient and conforms to the relevant requirements specified in Annex 1 of the Medical Devices Directive (93/42/EEC) and the United Kingdom. Medical Directive Regulations.