

DENTIST NAME _____ ADDRESS _____ _____ POSTCODE _____ PHONE _____ EMAIL _____		JOB NO. _____ Lab use only																			
PATIENT NAME _____ _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE   AGE _____		DATE REQUIRED _____ APPOINTMENT TIME _____																			
<b>STANDARD REQUIRED</b> <input checked="" type="checkbox"/> Please tick <input type="checkbox"/> PRIVATE <input type="checkbox"/> ULTIMATE		<b>SERVICE REQUIRED</b> <input type="checkbox"/> NORMAL - 5 WORKING DAYS IN THE LAB <input type="checkbox"/> EXPRESS - 3 WORKING DAYS IN THE LAB +15% <input type="checkbox"/> SPRINT - 2 WORKING DAYS IN THE LAB +25% <small>PLEASE ALLOW 10 WORKING DAYS FOR LAVA, PROCERA &amp; ATLANTIS</small>																			
<b>NOTATION</b> Please circle <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">18 17 16 15 14 13 12 11</td> <td style="padding: 2px;">21 22 23 24 25 26 27 28</td> <td style="padding: 2px;"><input type="checkbox"/> CROWN</td> <td style="padding: 2px;"><input type="checkbox"/> MARYLAND</td> <td style="padding: 2px;"><input type="checkbox"/> PONTIC</td> <td style="padding: 2px;"><input type="checkbox"/> DIAGNOSTIC WAX UP</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">48 47 46 45 44 43 42 41</td> <td style="padding: 2px;">31 32 33 34 35 36 37 38</td> <td style="padding: 2px;"><input type="checkbox"/> BRIDGE</td> <td style="padding: 2px;"><input type="checkbox"/> INLAY</td> <td style="padding: 2px;"><input type="checkbox"/> WING</td> <td style="padding: 2px;"><input type="checkbox"/> TEMPORARY CROWN/BRIDGE</td> </tr> <tr> <td colspan="2"></td> <td style="padding: 2px;"><input type="checkbox"/> VENEER</td> <td style="padding: 2px;"><input type="checkbox"/> ONLAY</td> <td style="padding: 2px;"><input type="checkbox"/> POST &amp; CORE</td> <td></td> </tr> </table>				18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	<input type="checkbox"/> CROWN	<input type="checkbox"/> MARYLAND	<input type="checkbox"/> PONTIC	<input type="checkbox"/> DIAGNOSTIC WAX UP	48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38	<input type="checkbox"/> BRIDGE	<input type="checkbox"/> INLAY	<input type="checkbox"/> WING	<input type="checkbox"/> TEMPORARY CROWN/BRIDGE			<input type="checkbox"/> VENEER	<input type="checkbox"/> ONLAY	<input type="checkbox"/> POST & CORE	
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		<input type="checkbox"/> VENEER	<input type="checkbox"/> ONLAY	<input type="checkbox"/> POST & CORE																	
<b>IMPLANT SYSTEM</b> <input type="checkbox"/> STRAUMANN <input type="checkbox"/> ASTRA TECH <input type="checkbox"/> NOBEL BIOCARE <input type="checkbox"/> BIOHORIZONS <input type="checkbox"/> BRANEMARK <input type="checkbox"/> OSTEO-TI OTHER PLEASE STATE _____		<b>ZIRCONIA</b> <input type="checkbox"/> ZENITH <input type="checkbox"/> LAVA <b>ZIRCONIA FULLFORM</b> <input type="checkbox"/> ZENITH <input type="checkbox"/> LAVA																			
<b>METAL FREE</b> <input type="checkbox"/> EMAX <input type="checkbox"/> PROCERA <input type="checkbox"/> CERAMAGE <input type="checkbox"/> DENTINE BONDED <input type="checkbox"/> VIVO VENEER		<b>PORCELAIN TO METAL</b> <input type="checkbox"/> NON-PRECIOUS <input type="checkbox"/> SEMI-PRECIOUS (PALLADIUM BASED) <input type="checkbox"/> PRECIOUS (YELLOW 86% GOLD) <input type="checkbox"/> BIO2000 (99.7% GOLD)																			
<b>METAL RESTORATION</b> <input type="checkbox"/> 60% AU (PRECIOUS YELLOW) <input type="checkbox"/> 33% AU (SEMI-PRECIOUS YELLOW) <input type="checkbox"/> SEMI-PRECIOUS (WHITE) <input type="checkbox"/> NON-PRECIOUS (WHITE)																					
<b>METAL DESIGN</b> <input type="checkbox"/> BUCCAL MARGIN <input type="checkbox"/> BACKING <input type="checkbox"/> PALATAL MARGIN <input type="checkbox"/> BITE ISLAND		<b>OCCUSAL STAIN</b> <input type="checkbox"/> NONE <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY																			
<b>FINISH</b> <input type="checkbox"/> HIGH GLAZE <input type="checkbox"/> MEDIUM <input type="checkbox"/> MATT																					
<b>SHADE DETAILS &amp; FURTHER INSTRUCTIONS</b> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>			<b>ITEMS DISPATCHED</b> SILICONE <input type="checkbox"/> U <input type="checkbox"/> L ALGINATE <input type="checkbox"/> U <input type="checkbox"/> L STUDY MODELS <input type="checkbox"/> U <input type="checkbox"/> L BITE <input type="checkbox"/> EMAIL <input type="checkbox"/> PHOTO <input type="checkbox"/>																		
<b>ESSENTIAL REQUIREMENTS NOT MET</b>		THIS IS A CUSTOM MADE DEVICE INTENDED FOR THE USE BY THIS PATIENT. THIS DEVICE CONFORMS TO RELEVANT ESSENTIAL REQUIREMENTS SET OUT IN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE. PLEASE KEEP AWAY FROM EXTREMES OF HEAT AND COLD. THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED IN THE EU.																			
MODELS DEPT		METAL DEPT																			
CERAMIC DEPT																					
<b>FOR SURGERY USE   DISINFECTED</b>		<b>FINAL INSPECTION SIGNATURE</b>																			

APPROVED FOR MANUFACTURE