

DENTIST NAME _____

ADDRESS _____

POSTCODE _____ **PHONE** _____

EMAIL _____

PATIENT NAME _____ MALE

AGE _____ FEMALE

TOOTH SELECTION

ENIGMA IVOCLAR OTHER PLEASE STATE _____

MOULD _____

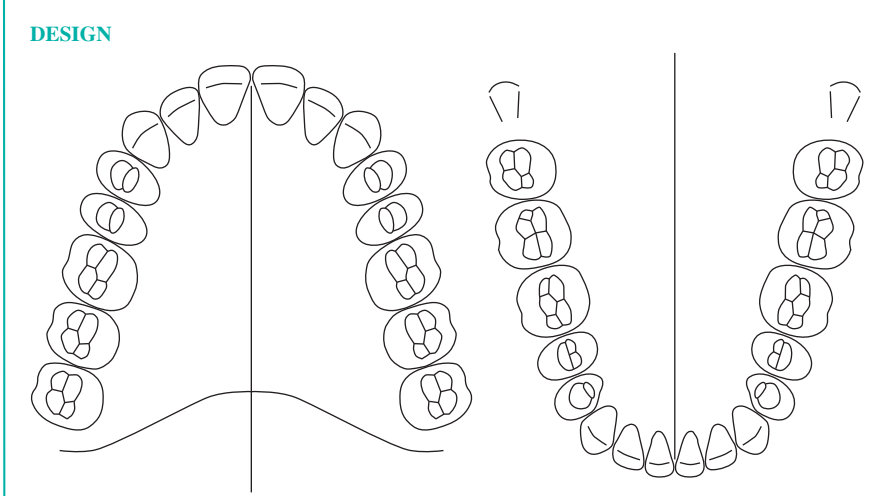
SHADE _____

FULL PARTIAL IMMEDIATE

HIGH IMPACT ACRYLIC CO / CR VALPLAST

NOTATION

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38



FURTHER INSTRUCTIONS

APPROVED FOR MANUFACTURE _____

JOB NO. _____
Lab use only

STANDARD REQUIRED

Please tick

PREMIER PLUS PREMIER INDEPENDENT

SERVICE REQUIRED

NORMAL
- 5 WORKING DAYS IN THE LAB

EXPRESS
- 3 WORKING DAYS IN THE LAB +15%

SPRINT
- 2 WORKING DAYS IN THE LAB +25%

Please allow 10 days @ bite/try-in for CO / CR and 7 days @ finish for Valplast

	DATE	TECHNICIAN
UPPER SPECIAL TRAY		
LOWER SPECIAL TRAY		
BITE		
TRY IN		
RE-TRY		
FINISH		
CO / CR		
RELIN (HARD)		
RELIN (SOFT)		
ADDITION		
REPAIR		

OVERALL FINISH DATE _____

ESSENTIAL REQUIREMENTS NOT MET

FINAL INSPECTION SIGNATURE _____

FOR SURGERY USE **DISINFECTED**

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.

ITEMS DISPATCHED

SILICONE U L

ALGINATE U L

STUDY MODELS U L

BITE

DENTURE U L

EMAIL

PHOTO