

MHRA Ref: 4618

DENTIST NAME	ADDRESS	JOB NO. <small>Lab use only</small>
		DATE REQUIRED
PATIENT NAME	POSTCODE	APPOINTMENT TIME
	PHONE	

**SERVICE/STANDARD REQUIRED**

PRIVATE
  ULTIMATE  
 NORMAL - 5 WORKING DAYS IN LAB
  EXPRESS - 3 WORKING DAYS IN LAB + 15%
  SPRINT - 2 WORKING DAYS IN LAB + 25%

**NOTATION**

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 28	<input type="checkbox"/> BRIDGE	<input type="checkbox"/> INLAY	<input type="checkbox"/> WING	
		<input type="checkbox"/> VENEER	<input type="checkbox"/> ONLAY	<input type="checkbox"/> POST & CORE	<input type="checkbox"/> TEMPORARY CROWN/BRIDGE

<b>PORCELAIN BONDED TO METAL</b> <input type="checkbox"/> PRECIOUS YELLOW 86% GOLD <input type="checkbox"/> SEMI-PRECIOUS PALLADIUM BASED <input type="checkbox"/> NON-PRECIOUS <small>PLEASE ALLOW 10 WORKING DAYS FOR LAVA</small>	<b>ALL CERAMIC</b> <input type="checkbox"/> EMAX <input type="checkbox"/> DENTINE BONDED <input type="checkbox"/> CERAMAGE <input type="checkbox"/> VIVO VENEER	<b>ZIRCONIA</b> <input type="checkbox"/> ZENITH <input type="checkbox"/> LAVA <b>ZIRCONIA FULL FOR</b> <input type="checkbox"/> ZENITH FF <input type="checkbox"/> LAVA FF	<b>ALL METAL</b> <input type="checkbox"/> 60% YELLOW GOLD <input type="checkbox"/> 33% YELLOW GOLD <input type="checkbox"/> SEMI-PRECIOUS WHITE <input type="checkbox"/> NON-PRECIOUS WHITE	<b>IMPLANT SYSTEM</b> PLEASE STATE _____ <small>PLEASE NOTE IMPLANT TIMINGS ARE CASE SPECIFIC AND SHOULD BE DISCUSSED WITH THE LAB</small>
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<b>METAL DESIGN</b> <input type="checkbox"/> BUCCAL MARGIN <input type="checkbox"/> PALATAL MARGIN LINGUAL <input type="checkbox"/> BACKING <input type="checkbox"/> BITE ISLAND	<b>OCCLUSAL STAIN</b> <input type="checkbox"/> NONE <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY	<b>GLAZE</b> <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> MATT
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<b>SHADE DETAILS &amp; FURTHER INSTRUCTIONS</b> 	<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"/>
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APPROVED FOR MANUFACTURE

ESSENTIAL REQUIREMENTS NOT MET

THIS IS A CUSTOM MADE DEVICE INTENDED FOR USE BY THIS PATIENT. THIS DEVICE CONFORMS TO RELEVANT ESSENTIAL REQUIREMENTS SET OUT IN ANNEX1 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

FOR SURGERY USE    DISINFECTED      FINAL INSPECTION SIGNATURE