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| <b>SHADE DETAILS</b><br><br>   |                    | <b>DENTAL SURGEON &amp; PRACTICE</b><br><br>(Name of surgeon, name and address of practice, practice no.)<br><br><b>GDC REF. NO:</b>   |                  |
| <b>NOTATION</b><br><u>18 17 16 15 14 13 12 11</u> <u>21 22 23 24 25 26 27 28</u><br>48 47 46 45 44 43 42 41    31 32 33 34 35 36 37 38  |                    | <b>PATIENT:</b><br><br><b>PATIENT NO:</b><br><b>D.O.B:</b>   |                  |
| <b>RESTORATION:-</b><br><input type="checkbox"/> ZIRCONIA ESSENTIAL<br><input type="checkbox"/> VMK – PRECIOUS<br><input type="checkbox"/> VMK – NON PRECIOUS<br><input type="checkbox"/> VMK BRIDGE UNIT – PRECIOUS<br><input type="checkbox"/> VMK BRIDGE UNIT – NON PRECIOUS<br><input type="checkbox"/> FULL OR 3/4 PRECIOUS<br><input type="checkbox"/> FULL OR 3/4 NON PRECIOUS<br><input type="checkbox"/> VENEER<br><input type="checkbox"/> INLAY – PRECIOUS<br><input type="checkbox"/> INLAY – COMPOSITE<br><input type="checkbox"/> POST<br><input type="checkbox"/> PARA-POST<br><input type="checkbox"/> MARYLAND PONTIC<br><input type="checkbox"/> MARYLAND WING UNIT   |                    | <b>STANDARD REQUIRED :-</b><br><b>N.H.S</b><br><b>PRIVATE</b><br><b>ULTIMATE</b><br><b>SERVICE REQUIRED :</b><br><b>NORMAL</b> 5 WORKING DAYS IN LAB<br><b>SWIFT</b> 4 WORKING DAYS IN LAB (+15%)<br><b>EXPRESS</b> 3 WORKING DAYS IN LAB (+25%)<br><b>SPRINT</b> 2 WORKING DAYS IN LAB (+50%)<br><b>SUPER SPRINT</b> 1 WORKING DAY IN LAB (+100%)<br><br><b>TICKET DATE</b><br><br><b>DELIVERY DATE</b> |                  |
| <b>FOR OTHER PRIVATE/ULTIMATE RESTORATIONS PLEASE STATE:-</b><br><br><br><br><br><br><br><br><br><br><div style="text-align: right;"> <b>APPROVED FOR MANUFACTURE</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 30px; vertical-align: middle;"></span> </div> <p><small>N.B. PRIVATE CROWN &amp; BRIDGE LAB TICKETS ARE AVAILABLE UPON REQUEST.</small></p> <p><small>This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations.</small></p> <p><small>FEEDBACK: To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.</small></p> |                    |  |                  |
| <b>ESSENTIAL REQUIREMENTS NOT MET</b>   |                    | <b>MODELS DEPT</b>   | <b>GOLD DEPT</b> |
| <b>CERAMIC DEPT</b>   |                    |  |                  |
| <b>FOR SURGERY USE</b>  | <b>DISINFECTED</b> | <b>FINAL INSPECTION SIGNATURE</b>  |                  |