

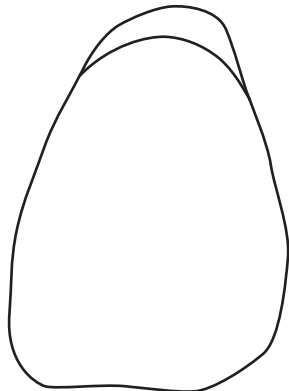
DENTIST NAME	ADDRESS 	JOB NO. <small>Lab use only</small>
PATIENT NAME	POSTCODE	DATE REQUIRED
PHONE		APPOINTMENT TIME

SERVICE/STANDARD REQUIRED <input type="checkbox"/> NORMAL - 5 WORKING DAYS IN LAB <input type="checkbox"/> SPRINT - 2 WORKING DAYS IN LAB + 50%	<input type="checkbox"/> PRIVATE <input type="checkbox"/> SWIFT - 4 WORKING DAYS IN LAB + 15% <input type="checkbox"/> SUPER SPRINT - 1 WORKING DAY IN LAB + 100%	<input type="checkbox"/> ULTIMATE <input type="checkbox"/> EXPRESS - 3 WORKING DAYS IN LAB + 25%
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NOTATION <div style="display: flex; justify-content: space-between;"> <div>18 17 16 15 14 13 12 11</div> <div>21 22 23 24 25 26 27 28</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>48 47 46 45 44 43 42 41</div> <div>31 32 33 34 35 36 37 28</div> </div>	<input type="checkbox"/> CROWN <input type="checkbox"/> BRIDGE <input type="checkbox"/> VENEER	<input type="checkbox"/> MARYLAND <input type="checkbox"/> INLAY <input type="checkbox"/> ONLAY	<input type="checkbox"/> PONTIC <input type="checkbox"/> WING <input type="checkbox"/> POST & CORE <input type="checkbox"/> DIAGNOSTIC WAX UP <input type="checkbox"/> TEMPORARY CROWN/BRIDGE
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PORCELAIN BONDED TO METAL <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>	ALL CERAMIC <input type="checkbox"/> EMAX <input type="checkbox"/> DENTINE BONDED <input type="checkbox"/> CERAMAGE <input type="checkbox"/> VIVO VENEER	ZIRCONIA <input type="checkbox"/> ZENITH <input type="checkbox"/> LAVA ZIRCONIA FULL FORM <input type="checkbox"/> ZENITH FF <input type="checkbox"/> LAVA FF	ALL METAL <input type="checkbox"/> 60% YELLOW GOLD <input type="checkbox"/> 33% YELLOW GOLD <input type="checkbox"/> SEMI-PRECIOUS WHITE <input type="checkbox"/> NON-PRECIOUS WHITE	IMPLANT SYSTEM PLEASE STATE <hr/> <small>PLEASE NOTE IMPLANT TIMINGS ARE CASE SPECIFIC AND SHOULD BE DISCUSSED WITH THE LAB</small>
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METAL DESIGN <input type="checkbox"/> BUCCAL MARGIN <input type="checkbox"/> PALATAL MARGIN <input type="checkbox"/> LINGUAL	OCCLUSAL STAIN <input type="checkbox"/> NONE <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY	GLAZE <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> MATT
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SHADE DETAILS & FURTHER INSTRUCTIONS <div style="text-align: center; margin-top: 50px;">  </div>	ITEMS DISPATCHED 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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ESSENTIAL REQUIREMENTS NOT MET	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.
	<div style="display: flex; justify-content: space-between;"> <div>MODELS DEPT</div> <div>METAL DEPT</div> <div>CERAMIC DEPT</div> </div>

FOR SURGERY USE	DISINFECTED	FINAL INSPECTION SIGNATURE
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