

Crown & Bridge Prescription Form

Instructions:

 Complete form in 2 copies (keep bottom copy, send 1 with the job)

Type of Restoration Crown Bridge Inlay/Onlay Veneer	ISO 9001 REGISTERED	Enclosed in Package Study Models Alginate Rubber	107 00012013	Disinfected and dry: s No Received by AP	Evaluatio	n Box	Practitioner Practice Address
☐ Maryland wing ☐ Post/Core		Special Instructions				Tooth for Restoration	
☐ Buccal Porcelain Margi	n					. 1.1 .	
All-round Porcelain Margin						.00000	Tel. No
☐ Fine Metal Margin						.S S.	100 00000000000000000000000000000000000
☐ Metal palatal / lingual /	occlusal					·Ø 0:	Patient Name
Most Popular Products/Materia	als:						
Standard	*Private					Right Left	Age □ Male □ Female
Quality	Quality					·(F)	Fit Date
□ Non-precious PFM						,D B,	(Please try to allow ten working days due to postal delays)
☐ IPS e.max Crown/Bridge						· (D)	Fit
 □ IPS e.max Monolith □ E.max Cad/Cam 	N/A					Lower of	Have you remembered the shade?
☐ Layered Zirconia	N/A					,00000	For Office Use
☐ Monolith Zirconia	N/A						Job No.
☐ Implant - cement retained						Shade	000 110.
☐ Implant - screw retained						_	
*Private Quality							Inspecting Technician
Using only our best technicians.						/ \	
See our website for more detail	ls.						The Registration number of the manufacturer with the MHRA is CA014485
Metal crowns:							This is a custom-made device for the exclu-
□ Non-precious CoCr		Preferred Design of P	antia		Droot	titionaria Cianatura	sive use of the patient and conforms to the relevant essential requirements as set out within
□ Non-precious yellow metal	(crown)	Preferred Design of P	ontic		Praci	titioner's Signature	Appendix 1 of the MHRA Directive (93/42/EEC).
☐ Semi-precious	(0.011.1)	\cap \cap	\bigcirc (\mathcal{I}			Relevant essential requirements not met and
☐ White gold			-	\sim		(Cianatura)	reasons why are listed in the evaluation box.
☐ Gold (yellow) - Please specify alloy: Gold alloy 62% / 75% / 88%		Ridge Lap Modified Ridge Lap	Hygenic C	Cone Socket Ovate	Date :	(Signature)	Warning: Keep device from extraordinary heat or cold. Do not drop or crush. Fragile!



Removable Restorations Prescription Form

Instructions:

 Complete form in 2 copies (keep bottom copy, send 1 together with the job)

Type of Restoration		estoration	Enclosed in Package			Evaluation Box	
Trays & Bite Blocks		Bite Blocks	Impression Disinfect	ed Yes	s 🗌 No		Practice
	OS01A OS01B OS01S	Special Tray Bite Block Combined Tray/Bite Block	Study Models Alginate Rubber	Quantity	Received by HS		Address
Acrylic Dentures		Dentures					
	AD01NT	Acrylic Partial / Denture	Special Instructions				Tel. No:
	CCMS	Mesh Strengthener					(area code) (number)
	ADSOFT	Soft Liner					Patient Name
	RELINE						
	Valplast	Flexible Dentures					Age Male Female
	AD02NT	Valplast Partial					Fit Date
	Shade Shade						Practitioner's Signature
Metal Frameworks		rameworks					(Date)
	VPDF CCFO TTFO	Vitallium Framework Chrome Cast Framework Titanium Framework				S P Upper 2 2 5 5	For Office Use Job No
	Finishing					'R R'	Inspecting Technician
Ac	rylics & Va	Iplast:				Right Left	The Registration number of the manufacturer
_ _	Teeth set Go to finis	t in wax for try in sh	Circle Upper Right	teeth required U	pper Left	·B #.	with the MHRA is CA014485 This is a custom-made device for the exclusive use of the patient and conforms to the relevant essential requirements as set out within Ap-
Metal dentures: ☐ Framework only			18 17 16 15 14 13 12			· (,),	pendix 1 of the MHRA directive (93/42/EEC). Relevant essential requirements not met and reasons why are listed in the evaluation box.
□ Teeth set in wax for try in □ Acrylic base/Teeth added - go to finish		40 (1) 1 (1)	48 47 46 45 44 43 42 Lower Right		34 35 36 37 38 ower Left	4 3 20000	Warning: Do not drop or crush. Fragile! Keep device from extraordinary heat or cold.