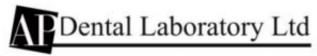


## Crown & Bridge Prescription Form

## Instructions:

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

Type of Restoration		Enclosed in Package	100 0000000	Disinfected and dry:	Evaluatio	n Box	Practitioner
□ Crown □ Bridge □ Inlay/Onlay □ Veneer		Study Models Alginate Rubber	Quantity	Received by AP			Practice
□ Maryland wing     □ Post/Core		Special Instructions				Tooth for Restoration	
□ Buccal Porcelain Margin □ All-round Porcelain Margin □ Fine Metal Margin						A Chupper 23	Tel. No
☐ Metal palatal / lingual / occlusal						:Ø Ø:	Patient Name
Most Popular Products/Materials: Standard **Feivate						Right Left	Age
Quality  Non-precious PFM	Quality □					·R A:	Fit Date (Please try to allow ten working days due to postal delays)
☐ IPS e.max Crown/Bridge						'B 8'	7 8 8 8 8 8
☐ IPS e.max Monolith	N/A					S Lower S	Fit Have you remembered the shade?
<ul> <li>□ E.max Cad/Cam</li> <li>□ Layered Zirconia</li> </ul>	N/A					dovodo.	For Office Use
☐ Monolith Zirconia	N/A					1.00	Job No.
<ul> <li>☐ Implant - cement retained</li> <li>☐ Implant - screw retained</li> </ul>					-	Shade	
* Trivate Quality							Inspecting Technician
Using only our best technicians. See our website for more details.							The Registration number of the manufacturer with the MHRA is CA014485
Metal crowns:							This is a custom-made device for the exclu- sive use of the patient and conforms to the
□ Non-precious CoCr		Preferred Design of Pontic				titioner's Signature	relevant essential requirements as set out within Appendix 1 of the MHRA Directive (93/42/EEC).
<ul> <li>□ Non-precious yellow metal</li> <li>□ Semi-precious</li> </ul>	(crown)	$\cap$ $\cap$	$\Omega$	$\neg \cap$	5,760,500,000	<del>-</del>	Relevant essential requirements not met and
☐ White gold				$\vee$ $\vee$	8	(Signature)	reasons why are listed in the evaluation box.
☐ Gold (yellow) - Please specify alloy: Gold alloy 62% / 75% / 88%		Ridge Lap Modified Ridge Lap	Hygenic	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	Impression Disinfect	ed Yes	No No		Practice
	OS01A OS01B OS01S	Special Tray Bite Block Combined Tray/Bite Block	Study Models Alginate Rubber	Quantity	Received by HS		Address
	Acrylic E	Dentures	1998 1999				
	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				1.1	The state of the s
	VPDF CCFO TTFO	Vitallium Framework Chrome Cast Framework Titanium Framework				3 2 0 0 2 3 4 Upper 2 0 4 6 0 6	Job No.
	Finishing		1				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-
Me	tal denture Framewo		18 17 16 15 14 13 12			· (b) 4   , (b) .	pendix 1 of the MHRA directive (93/42/EEC).  Relevant essential requirements not met and reasons why are listed in the evaluation box.
		t in wax for try in ase/Teeth added - go to finish	48 47 46 45 44 43 42 Lower Right		34 35 36 37 38 ower Left	4 3 2000000	Warning: Do not drop or crush. Fragile! Keep device from extraordinary heat or cold.