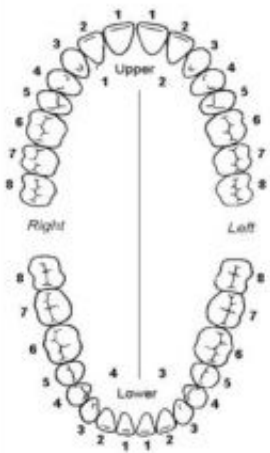

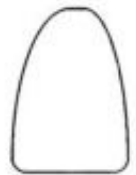


Instructions:

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

<p>Type of Restoration</p> <p><input type="checkbox"/> Crown</p> <p><input type="checkbox"/> Bridge</p> <p><input type="checkbox"/> Inlay/Onlay</p> <p><input type="checkbox"/> Veneer</p> <p><input type="checkbox"/> Maryland wing</p> <p><input type="checkbox"/> Post/Core</p> <p><input type="checkbox"/> Buccal Porcelain Margin</p> <p><input type="checkbox"/> All-round Porcelain Margin</p> <p><input type="checkbox"/> Fine Metal Margin</p> <p><input type="checkbox"/> Metal palatal / lingual / occlusal</p>	<p>Enclosed in Package</p> <p>Study Models _____</p> <p>Alginate _____</p> <p>Rubber _____</p>	<p>Impression Disinfected and dry:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Quantity</u> _____ <u>Received by AP</u> _____</p>	<p>Evaluation Box</p>																		
<p>Most Popular Products/Materials:</p> <table style="width:100%;"> <tr> <td style="width:50%;">Standard Quality</td> <td style="width:50%;">*Private Quality</td> </tr> <tr> <td><input type="checkbox"/> Non-precious PFM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> IPS e.max Crown/Bridge</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> IPS e.max Monolith</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> E.max Cad/Cam</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Layered Zirconia</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Monolith Zirconia</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Implant - cement retained</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Implant - screw retained</td> <td><input type="checkbox"/></td> </tr> </table>	Standard Quality	*Private Quality	<input type="checkbox"/> Non-precious PFM	<input type="checkbox"/>	<input type="checkbox"/> IPS e.max Crown/Bridge	<input type="checkbox"/>	<input type="checkbox"/> IPS e.max Monolith	N/A	<input type="checkbox"/> E.max Cad/Cam	N/A	<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/>	<input type="checkbox"/> Monolith Zirconia	N/A	<input type="checkbox"/> Implant - cement retained	<input type="checkbox"/>	<input type="checkbox"/> Implant - screw retained	<input type="checkbox"/>	<p>Special Instructions</p>	<p>Tooth for Restoration</p> 	<p>Practitioner _____</p> <p>Practice _____</p> <p>Address _____</p> <p>Tel. No. _____</p>
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<p>*Private Quality</p> <p>Using only our best technicians.</p> <p>See our website for more details.</p>	<p>Preferred Design of Pontic</p> 	<p>Shade</p> 	<p>Patient Name _____</p> <p>Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Fit Date _____ <small>(Please try to allow ten working days due to postal delays)</small></p> <p>Fit Have you remembered the shade?</p>																		
<p>Metal crowns:</p> <p><input type="checkbox"/> Non-precious CoCr</p> <p><input type="checkbox"/> Non-precious yellow metal (crown)</p> <p><input type="checkbox"/> Semi-precious</p> <p><input type="checkbox"/> White gold</p> <p><input type="checkbox"/> Gold (yellow) - Please specify alloy: Gold alloy 62% / 75% / 88%</p>	<p>Practitioner's Signature</p> <p>_____</p> <p>(Signature)</p> <p>Date : _____</p>		<p>For Office Use</p> <p>Job No. _____</p> <p>.....</p> <p>Inspecting Technician</p> <p>The Registration number of the manufacturer with the MHRA is CA014485</p> <p>This is a custom-made device for the exclusive use of the patient and conforms to the relevant essential requirements as set out within Appendix 1 of the MHRA Directive (93/42/EEC).</p> <p>Relevant essential requirements not met and reasons why are listed in the evaluation box.</p> <p>Warning: Keep device from extraordinary heat or cold. Do not drop or crush. Fragile!</p>																		

