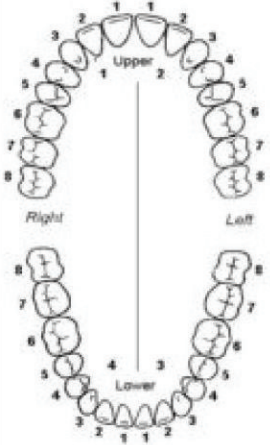

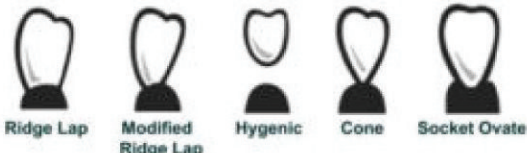


### Instructions:

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

<b>Type of Restoration</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Crown</li> <li><input type="checkbox"/> Bridge</li> <li><input type="checkbox"/> Inlay/Onlay</li> <li><input type="checkbox"/> Veneer</li> <li><input type="checkbox"/> Maryland wing</li> <li><input type="checkbox"/> Post/Core</li> <li><input type="checkbox"/> Buccal Porcelain Margin</li> <li><input type="checkbox"/> All-round Porcelain Margin</li> <li><input type="checkbox"/> Fine Metal Margin</li> <li><input type="checkbox"/> Metal palatal / lingual / occlusal</li> </ul>	<b>Enclosed in Package</b> <p>Impression Disinfected and dry: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table> <tr> <th></th> <th>Quantity</th> <th>Received by AP</th> </tr> <tr> <td>Study Models</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Alginate</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rubber</td> <td>_____</td> <td>_____</td> </tr> </table>		Quantity	Received by AP	Study Models	_____	_____	Alginate	_____	_____	Rubber	_____	_____	<b>Evaluation Box</b>	<b>Practitioner</b> _____ <b>Practice</b> _____ <b>Address</b> _____  <b>Tel. No.</b> _____						
	Quantity	Received by AP																			
Study Models	_____	_____																			
Alginate	_____	_____																			
Rubber	_____	_____																			
<b>Most Popular Products/Materials:</b> <table> <tr> <th>Standard Quality</th> <th>*Private Quality</th> </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"/>	<b>Special Instructions</b>	<b>Tooth for Restoration</b> 	<b>Patient Name</b> _____ <b>Age</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Fit Date</b> _____ <small>(Please try to allow ten working days due to postal delays)</small> <b>Fit</b> _____ <b>Have you remembered the shade?</b> _____
Standard Quality	*Private Quality																				
<input type="checkbox"/> Non-precious PFM	<input type="checkbox"/>																				
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<b>*Private Quality</b> Using only our best technicians. See our website for more details.	<b>Shade</b> 	<b>For Office Use</b> <b>Job No.</b> _____ _____ Inspecting Technician																			
<b>Metal crowns:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-precious CoCr</li> <li><input type="checkbox"/> Non-precious yellow metal (crown)</li> <li><input type="checkbox"/> Semi-precious</li> <li><input type="checkbox"/> White gold</li> <li><input type="checkbox"/> Gold (yellow) - Please specify alloy: Gold alloy 62% / 75% / 88%</li> </ul>	<b>Preferred Design of Pontic</b> 	<b>Practitioner's Signature</b> _____ (Signature) Date : _____	The Registration number of the manufacturer 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 Appendix 1 of the MHRA Directive (93/42/EEC). Relevant essential requirements not met and reasons why are listed in the evaluation box. <b>Warning:</b> Keep device from extraordinary heat or cold. Do not drop or crush. <b>Fragile!</b>																		

Email: [info@allpointsdental.co.uk](mailto:info@allpointsdental.co.uk) Telephone Hotline: 079274 790333 Website & Contact page: [www.https://www.allpointsdental.co.uk/contact-us/](https://www.allpointsdental.co.uk/contact-us/)