

## Crown & Bridge Prescription Form

## Instructions:

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

Type of Restoration	Enclosed in Package	Impression Dis	infected and dry:	Evaluation	Box	Practitioner
□ Crown □ Bridge □ Inlay/Onlay □ Veneer	Study Models Alginate Rubber		Received by AP			Practice
□ Maryland wing     □ Post/Core	Special Instructions				Tooth for Restoration	
☐ Buccal Porcelain Margin					, 11,	
☐ All-round Porcelain Margin					00000	Tel. No
☐ Fine Metal Margin					·B	
☐ Metal palatal / lingual / occlusal				,	(K)   (K)	Patient Name
Most Popular Products/Materials:					B   B	A. B.W. B.F.
Standard ** Private					Right Left	Age
Quality Quality					(F)	Fit Date
□ Non-precious PFM □					, (L) (D),	(Please try to allow ten working days due to postal delays)
☐ IPS e.max Crown/Bridge ☐ ☐ IPS e.max Monolith N/A					· (X)	Fit
☐ E.max Cad/Cam N/A					· Chromaton	Have you remembered the shade?
□ Layered Zirconia □					20000	For Office Use
☐ Monolith Zirconia N/A						Job No.
☐ Implant - cement retained ☐					Shade	
☐ Implant - screw retained ☐						Inspecting Technician
*Private Quality						inspecting recrimical
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 Practitioner's Signature				tioner's Signature	relevant essential requirements as set out within Appendix 1 of the MHRA Directive (93/42/EEC).
☐ Non-precious yellow metal (crown)	~ ~	~ ~	$\sim$			Appendix 1 of the MITRA Directive (93/42/EEC).
☐ Semi-precious	()	O(1)				Relevant essential requirements not met and reasons why are listed in the evaluation box.
☐ White gold				12	(Signature)	1000010 1117 010 010 010 010 010
☐ Gold (yellow) - Please specify alloy: Gold alloy 62% / 75% / 88%	Ridge Lap Modified Ridge Lap	Hygenic Cone	Socket Ovate	Date :	(O.g.iaiaro)	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		<b>Evaluation Box</b>	
	Trays &	Bite Blocks Special Tray	Impression Disinfected Yes	□ No		Practitioner
	OS01B	Bite Block	-	Received by no		Address
	OS01S	Combined Tray/Bite Block	Study Models Alginate			
	Acrylic E	Dentures	Rubber			
	AD01NT	Acrylic Partial / Denture	Special Instructions			Tel. No:
	CCMS	Mesh Strengthener				(area code) (number)
		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			Pupper 2	Job No.
	Finishing				·\Q\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Inspecting Technician
Acı	ylics & Va	ilplast:			Right Left	The Registration number of the manufacturer
		t in wax for try in	Survey London - A.J. Son			with the MHRA is CA014485
☐ Go to finish Circle teeth required				湯 第	This is a custom-made device for the exclu- sive use of the patient and conforms to the rele- vant essential requirements as set out within Ap-	
Me	tal denture	es:			(A)	pendix 1 of the MHRA directive (93/42/EEC).
	Framewo		18 17 16 15 14 13 12 11 21 22 23 2		, Ø Ø.	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 41 31 32 33 3 Lower Right Low	4 35 36 37 38 er Left	,,000000	Warning: Do not drop or crush. Fragile! Keep device from extraordinary heat or cold.