

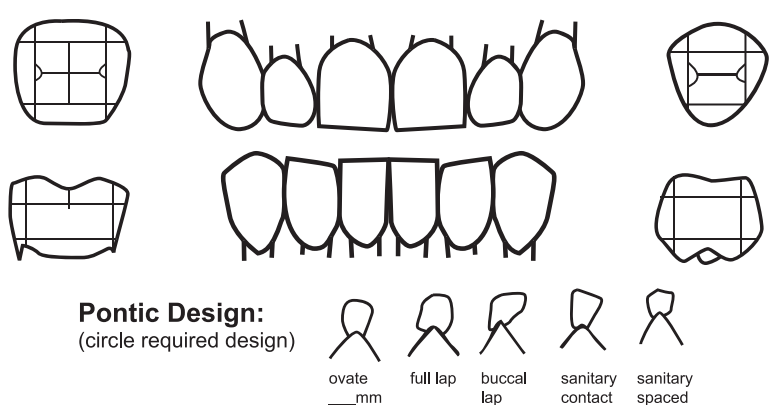

Dentist Information	Patient Information
Dentist Name:	Patient's Name:
Address:	Date Sent: Return Date:
Phone: Signature:	Male <input type="checkbox"/> Female <input type="checkbox"/> Age

Type of Restoration			
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Temporary	Implant System	<input type="checkbox"/> Pressable
<input type="checkbox"/> Precious Metal	<input type="checkbox"/> Non Precious Metal	<input type="checkbox"/> Composite	

Required Photographic Checklist							
<input type="checkbox"/> Portrait (1:10)	<input type="checkbox"/> Lips in Repose (1:10)	<input type="checkbox"/> Preop	<input type="checkbox"/> Provisionals	Maximum smile (1:2)	<input type="checkbox"/> Preop	<input type="checkbox"/> Provisionals	
<input type="checkbox"/> Lips Retracted: last view upper incisors 1:2							
<input type="checkbox"/> Lips Retracted: frontal view molar 1:2 Occulasal	<input type="checkbox"/> Preop	<input type="checkbox"/> Provisionals. Open 2mm at incisal edge	<input type="checkbox"/> Preop	<input type="checkbox"/> Provisionals			
<input type="checkbox"/> Shade tab (required for all cases) - to remaining teeth and preps	<input type="checkbox"/> Discoloured preparations photograph						
<input type="checkbox"/> Stick bite	<input type="checkbox"/> Temps full smile retracted, including eyes	<input type="checkbox"/> Provisionals retracted, including eyes					

PHONE ME TO DISCUSS CASE BEFORE STARTING <input type="checkbox"/>																	
Chart Teeth to be Restored	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Total Number of units
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	<input type="checkbox"/>

Included With Case:							
Preop: <input type="checkbox"/> Impressions	<input type="checkbox"/> Models	Mockup: <input type="checkbox"/> Impressions	<input type="checkbox"/> Models	Opposing: <input type="checkbox"/> Impressions	<input type="checkbox"/> Models		
Provisionals (Req. Anterior Cases): <input type="checkbox"/> Impressions	<input type="checkbox"/> Models	<input type="checkbox"/> Final Impression of preps					
Occlusal Records: <input type="checkbox"/> CO Bite	<input type="checkbox"/> CR Bite	<input type="checkbox"/> None sent - hand articulate	<input type="checkbox"/> Stick Bite	<input type="checkbox"/> Bite Fork			

Shade and Shape	Notes
 <p>Pontic Design: (circle required design)</p> <p>ovate ___mm full lap buccal lap sanitary contact sanitary spaced</p> <p>INCISAL TRANS <input type="checkbox"/> Minimal 0.5 <input type="checkbox"/> Modest 1.0 <input type="checkbox"/> Max 1.5</p> <p>SURFACE TEXTURE <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/> Smooth (No Texture)</p> <p>SURFACE FINISH <input type="checkbox"/> High Glaze <input type="checkbox"/> Polished Gloss <input type="checkbox"/> Satin Finish <input type="checkbox"/> Low Gloss</p> <p style="text-align: center;">PREP SHADE</p> 	

Your attention is drawn to the following
 This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for the exclusive use by this patient and conforms to the relevant essential requirements specified in the medical devices directive and the United Kingdom Medical Devices Regulations SI 1994. Where applicable, you should take care not to damage the dental appliance when removing it from its model.

THIS SECTION TO BE COMPLETED BY LABORATORY PERSONNEL ONLY:

Approved for manufacture by: Date:

Approved for release by: Date: