



### Laboratory Information

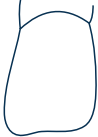

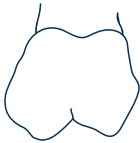
Dentist Information		Patient Information			
Dentist Name		Patients Name			
Address		Date Sent		Return Date	
Phone	Signature	Male	Female	Age	

#### Type of Restoration

Zirconia	Temporary	Implant System			
Pressable	Precious Metal	Non Precious Metal	Composite		

Call to discuss case prior to starting	
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Chart teeth to be restored																Total number of units
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

<b>Prep Shade</b> 	<b>This is a <u>must</u> for all ceramic restorations</b>	<b>Notes</b>
<b>Final Shade</b> 	<b>Final Shade</b> 	

Images to be sent to  
 photos@simpleedentalceramics.com  
 or via **Dropbox** or **We Transfer**

#### Item Sent Checklist / Items Received

Pre ops imps/models		
Working imps		
Opposing imps		
Bite registration		
Stick bite		
Bite fork		

**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 of this patient and conforms to the general safety & performance requirements specified in Annex 1 of the Medical Devices Regulations. Where applicable, you should take care not to damage the dental appliance when removing it from its model.

**Prescriber Feedback**  
 To enable our dental laboratory to comply with the Medical Devices Regulations for the Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible

**THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED MODEL**

#### THIS SECTION TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

Approved for manufacture by	Date
Approved for release by	Date