Crown & Bridge Prescription Form

dental precision

IMPORTANT: We cannot process your order until we receive this form in the post along with the patient's impression

If you need to specify any design requirements please do so using the graphics on this form. Then send this prescription form, any impression/s and any other required objects to us using our FREEPOST label (available from our downloads section at www.dentalprecision.co.uk).

Internal Information

Job Number (For internal use only): _____

Dentist & Patient Details

Dentist Name: _____ **Dental Practice:** _____ **Tel:** _____

Patient Name: _____ **Gender:** _____ **Age:** _____

Patient Reqs / Expectations: _____

_____

Case Information

Date Required: _____

Appointment Time: _____

Implant System: _____

Precious: ☐ **Non-precious:** ☐

Shade: _____

Bisque Bake Date: _____

Metal Try-In Date: _____

Finish Date: _____

Enclosures (Please indicate the quantity)

Study Models (Upper): _____

Study Models (Lower): _____

Mounted Study Models (Upper): _____

Mounted Study Models (Lower): _____

Alginates (Upper): _____

Alginates (Lower): _____

Silicone (Upper): _____

Silicone (Lower): _____

Metal Tray: _____

Bites: _____

Pickups: _____

Abutments: _____

Diagnostic Wax up (Upr): _____

Diagnostic Wax up (Lwr): _____

Facebow: _____

Acrylic Try-In (Upper): _____

Acrylic Try-In (Lower): _____

Spare Tooth Cards: _____

Stents: _____

Photos: _____

Chrome: _____

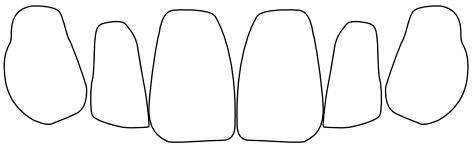
Analogues: _____

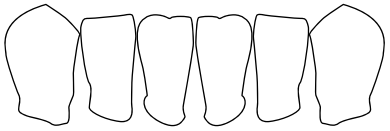
Impression Posts: _____

Other/Details/Quantity: _____

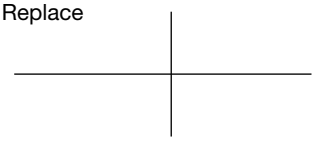
_____

Design (Please annotate the designs below as necessary)

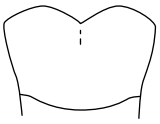




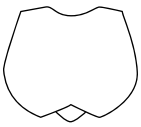
To Replace



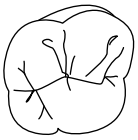
Buccal



Palatal



Occlusal



Prescription / Case Instructions

_____

_____

_____

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_____

_____ Please write any additional information on the reverse of this sheet

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Please send to: Dental Precision, The Studio, Hurlingburrow Farm, Sevenmilestone, St Agnes, Cornwall, TR5 0PG
Please contact us with any further enquiries: 01872 552942 or info@dentalprecision.co.uk