

**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: \_\_\_\_\_ Type of Teeth: \_\_\_\_\_ Trial 1 Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ Special Tray Date: \_\_\_\_\_ Trial 2 Date: \_\_\_\_\_

Implant System: \_\_\_\_\_ Bite date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

## Enclosures (Please indicate the quantity)

Study Models (Upper): \_\_\_\_\_

Study Models (Lower): \_\_\_\_\_

Mounted Study Models (Upper): \_\_\_\_\_

Mounted Study Models (Lower): \_\_\_\_\_

Alginate (Upper): \_\_\_\_\_

Alginate (Lower): \_\_\_\_\_

Silicone (Upper): \_\_\_\_\_

Silicone (Lower): \_\_\_\_\_

Metal Tray: \_\_\_\_\_

Bites: \_\_\_\_\_

Pickups: \_\_\_\_\_

Abutments: \_\_\_\_\_

Facebow: \_\_\_\_\_

Acrylic Try-In (Upper): \_\_\_\_\_

Acrylic Try-In (Lower): \_\_\_\_\_

Spare Tooth Cards: \_\_\_\_\_

Stents: \_\_\_\_\_

Photos: \_\_\_\_\_

Chrome: \_\_\_\_\_

Analogues: \_\_\_\_\_

Impression Posts: \_\_\_\_\_

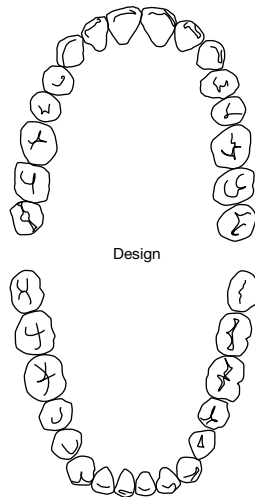
Other/Details/Quantity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Design (Please annotate the designs below as necessary)



To Replace



Shade: \_\_\_\_\_

### Important Information:

(Please delete as appropriate)

Gum Tint: Y / N Chrome: Y / N

### If Chrome:

- Skeleton Design
- Plate Design
- Rests
- Stackings
- Clasps

## Prescription / Case Instructions

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Please write any additional information on the reverse of this sheet

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