Laboratory Prescription Form

(Please retain top copy for your records)

PLEASE DO NOT PUT PRESCRIPTION IN DIRECT CONTACT WITH IMPRESSIONS

dental precision

Dentist and Patient Details

Dentist Name: ..... Practice Name: .....

Telephone No: .....

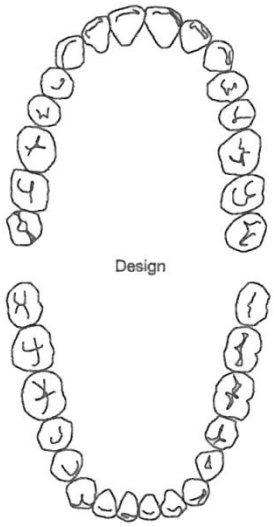
Patient Name: ..... Gender: ..... Age: .....

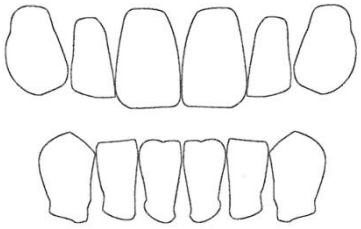
Case Information

Appointment Date: ..... Appointment Time: ..... Shade Info: .....

Prosthetics (Type of Teeth): ..... **Crown & Bridge Implant System:** .....

Design / Notations





To Replace

PROSTHETICS:

Gum Tint: Y / N Chrome: Y / N

If chrome (tick as appropriate):

Skeletal Design ☐ Backings ☐ Rests ☐

Plate Design ☐ Clasps ☐

Enclosures (please mark below)

Study Models: (U) ..... (L) .....

Mounted Models: (U) ..... (L) .....

Diagnostic Wax-Up: (U) ..... (L) .....

Alginate Impression: (U) ..... (L) .....

Rubber Impression: (U) ..... (L) .....

Metal Trays: (U) ..... (L) .....

Tooth Card Moulds: .....

Facebow: ☐ Bites: .....

Wax Try-In: (U) ..... (L) .....

Chrome/Wax Try-In: (U) ..... (L) .....

[Metal] [Bisque] Try: (U) ..... (L) .....

Photos: .....

Added to rest of case off hold shelf: ☐

Other: .....

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Case Instructions

Precious ☐ Non-Precious ☐

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Date for packing (internal only)

Special Tray: .....

Wax Rims: .....

Try-In: .....

Re-Try: .....

Finish: .....

Information (internal only)

Case ID (to be entered here):

Date Received: .....

Case Bin No: .....

Please send to: Dental Precision, The Studio, Hurlingburrow Farm, St Agnes, Cornwall, TR5 0PG

Should you require any further information please contact us on: 01872 552942 or admin@dentalprecision.co.uk

This device conforms to the relevant essential requirements specified in Annex I of the Medical Devices Directive (93/42 EEC)