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: .....

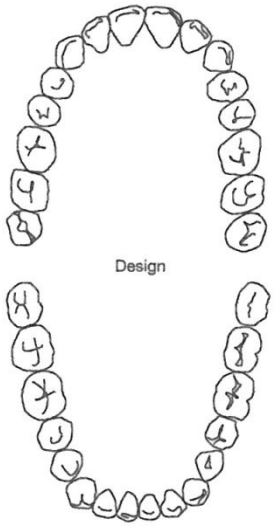
Patient Name/ID: ..... Gender: ..... Age: .....

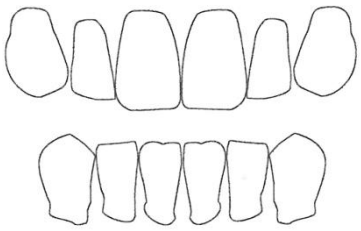
Case Information

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 is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the applicable general safety and performance requirements specified in the UK & EU Medical Devices Regulations. **PRESCRIBER FEEDBACK:** To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.