Hauraki Smiles
Dental Laboratory

Crown and Bridge
Prescription Form

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Type of Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Inlay/Onlay
- ☐ Veneer
- ☐ Maryland wing
- ☐ Post/Core
- ☐ Buccal Porcelain Margin
- ☐ All-round Porcelain Margin
- ☐ Fine Metal Margin
- ☐ Metal Palatal/Lingual/Occlusal

Most Popular Products/Materials:

Standard Quality	*Designerline Quality
☐ Non-precious PFM	☐
☐ IPS e.max	☐
☐ IPS e.max Monolith	☐
☐ E.max Cad/Cam	☐
☐ Layered Zirconia	☐
☐ Monolith Zirconia	☐
N/A **Cad/Cam** Zirconia **HT** (High Translucency)	☐
☐ Implant - cement retained	☐
☐ Implant - screw retained	☐

***Designerline:**
Using only our best technicians.
See our website for more details.

Full metal crowns:

- ☐ Non-precious CoCr
- ☐ Non-precious yellow metal (crown)
- ☐ Gold (yellow) - **Please specify alloy:**

Gold alloy 62% / 75% / 88%

Enclosed in Package

Impression Disinfected and dry: ☐ Yes ☐ No

	Quantity	Received by HS
Alginate	_____	_____
Study Models	_____	_____
Rubber	_____	_____
Bite	_____	_____

Special Instructions

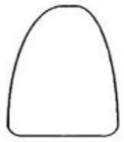
☐ (tick) **Scan files sent**

Evaluation Box

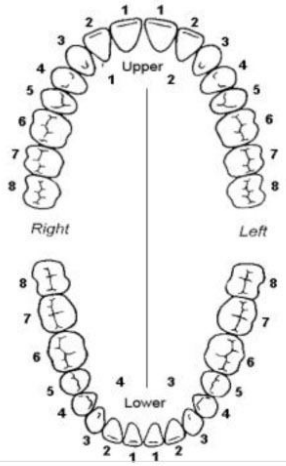
Preferred Design of Pontic



Shade



Tooth for Restoration



Practitioner _____

Practice _____

Address _____

_____

Tel. No. _____ : _____
(area code) (number)

Patient Name

_____

Age _____ ☐ Male ☐ Female

Fit Date _____

Practitioner's Signature

_____

_____ (Date)

For Office Use

Date received _____

Job No. _____

_____
Inspecting Technician

This is a custom-made device for the exclusive use of the patient and conforms to the relevant essential requirements as set out within Appendix 1 of the MHRA directive (93/42/EEC).

Relevant essential requirements not met and reasons why are listed in the evaluation box.