

Crown & Bridge Prescription Form

Type of Restoration			Enclosed in Package	Impressio	n Disinfected an	d dry:	valuation Box		
	Crown				Yes No				Practitioner
	Bridge			Quantity	Received by H	S			
	Inlay/Onlay		Alginate Study Models			_			Practice
	Veneer		Rubber			_			Address
	Maryland wing		Bite			_			Address
	Post/Core		Special Instructions	(tick) S	Scan files sent				
	☐ Buccal Porcelain Margin			L (tiok)	Journ mod John				
	☐ All-round Porcelain Margin								Tel. No:(number)
	☐ Fine Metal Margin								(area code) (number)
	☐ Metal Palatal/Lingual/Occlusal								Patient Name
Most Popular Products/Materials:									
Standar		*Designerline							Age Male Female
Quality		Quality							
	Ion-precious PFM								Fit Date
	PS e.max								Description of Constant
	PS e.max Monolith E.max Cad/Cam	N/A							Practitioner's Signature
	ayered Zirconia	N/A							
	Monolith Zirconia	N/A							
	Cad/Cam Zirconia HT								(Date)
	(High Translucency)	_					Tooth for F	Restoration	For Office Use
	mplant - cement retained						2 1	1 2	
□ Ir	mplant - screw retained						300	003 A	Date received
*Desig	gnerline:						5 6 1 3 1	2 95	
Using only our best technicians.							6	(B)6	Job No.
See ou	r website for more details.						' D	3 ′	
Full es	atal anauma.						(E)	(3)	Inspecting Technician
	etal crowns:		Preferred Design of I	Pontic		Shade	Right	Left	inspecting recrimical
	lon-precious CoCr	al (araum)			~		*(†)	∄ 8	
	lon-precious yellow meta	ai (Crown)	\cup \cup \cup				7(1)	(£),	This is a custom-made device for the exclusive use of the patient and conforms to the rele-
	Gold (yellow) - Please s	pecify alloy:		<u> </u>			5 4	3	vant essential requirements as set out within Appendix 1 of the MHRA directive (93/42/EEC).
	Gold alloy 62% / 75°		Ridge Lap Modified Hyge Ridge Lap	enic Cone	Socket Ovate	Occl. Staining	2?	Wer S 4	Relevant essential requirements not met and reasons why are listed in the evaluation box.



Removable Restorations Prescription Form

Type of Restoration	Enclosed in Package	Evaluation Box	
Trays & Bite Blocks ☐ OS01A Special Tray	Impression disinfected & dry: ☐ Yes ☐ No		Practitioner
☐ OS01A Special Hay ☐ OS01B Bite Block	Quantity Received by HS		Practice
☐ OS01S Combined Tray/Bite Block	Study Models		Address
Acrylic Dentures	Alginate Rubber		
☐ AD01NT Acrylic Partial / Denture	Bite		
☐ CCMS CoCr Mesh Strengthener	Special Instructions		
☐ GAUZE Gauze Strengthener			Tel. No: (area code) (number)
ADSOFT Soft Liner			
RELINE			Patient Name
Clasps: (please circle) Wire / Clear / Pink / Tooth colour			
			Age Male Female
Valplast Flexible Dentures			Fit Date
☐ AD02NT Valplast Partial			
Shade Shade			Practitioner's Signature(Date)
Metal Frameworks		2 1 1 2	For Office Use
□ VPDF Vitallium Framework		4 Upper 3 4	Date received
☐ CCFO Chrome Cast Framework			Bute received
TTFO Titanium Framework			Job No.
Finishing			005 No
Acrylics & Valplast:		Right Left	
☐ Teeth set in wax for try in	Circle teeth required	(F) (F).	Inspecting Technician
☐ Go to finish	Upper Right Upper Left	,尚 湯,	
Metal dentures: ☐ Framework only	18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	6 0 4 3 0 6	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).
☐ Teeth set in wax for try in	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	4 Chower D4	Relevant essential requirements not met and
☐ Acrylic base/Teeth added - go to finish	Lower Right Lower Left	3 2 1 1 2 3	reasons why are listed in the evaluation box.