




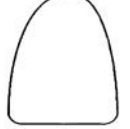
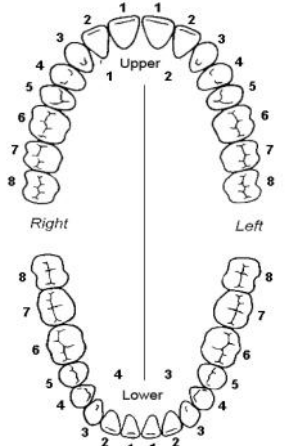


Crown & Bridge Prescription Form

Type of Restoration <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Inlay/Onlay <input type="checkbox"/> Veneer <input type="checkbox"/> Maryland wing <input type="checkbox"/> Post/Core <input type="checkbox"/> Buccal Porcelain Margin <input type="checkbox"/> All-round Porcelain Margin <input type="checkbox"/> Fine Metal Margin <input type="checkbox"/> Metal Palatal/Lingual/Occlusal	Enclosed in Package <div style="text-align: right; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <table style="width: 100%;"> <tr> <td style="width: 30%;">Alginate</td> <td style="width: 20%;">Quantity _____</td> <td style="width: 50%;">Received by HS _____</td> </tr> <tr> <td>Study Models</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Rubber</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Bite</td> <td>_____</td> <td>_____</td> </tr> </table>	Alginate	Quantity _____	Received by HS _____	Study Models	_____	_____	Rubber	_____	_____	Bite	_____	_____	Evaluation Box <div style="height: 100px; border: 1px solid black;"></div>	Practitioner _____ Practice _____ Address _____ Tel. No. _____ : _____ <div style="text-align: center; font-size: small;">(area code) (number)</div>								
Alginate	Quantity _____	Received by HS _____																					
Study Models	_____	_____																					
Rubber	_____	_____																					
Bite	_____	_____																					
Most Popular Products/Materials: <table style="width: 100%; font-size: small;"> <thead> <tr> <th style="text-align: left;">Standard Quality</th> <th style="text-align: left;">* Designerline Quality</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Non-precious PFM</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> IPS e.max</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> IPS e.max Monolith</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> E.max Cad/Cam</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Layered Zirconia</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Monolith Zirconia</td> <td>N/A</td> </tr> <tr> <td>N/A Cad/Cam Zirconia HT (High Translucency)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Implant - cement retained</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Implant - screw retained</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Standard Quality	* Designerline Quality	<input type="checkbox"/> Non-precious PFM	<input type="checkbox"/>	<input type="checkbox"/> IPS e.max	<input type="checkbox"/>	<input type="checkbox"/> IPS e.max Monolith	N/A	<input type="checkbox"/> E.max Cad/Cam	N/A	<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/>	<input type="checkbox"/> Monolith Zirconia	N/A	N/A Cad/Cam Zirconia HT (High Translucency)	<input type="checkbox"/>	<input type="checkbox"/> Implant - cement retained	<input type="checkbox"/>	<input type="checkbox"/> Implant - screw retained	<input type="checkbox"/>	Special Instructions <input type="checkbox"/> (tick) Scan files sent		Patient Name _____ Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Fit Date _____
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* Designerline: Using only our best technicians. See our website for more details.		Practitioner's Signature <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 30px;"></div> <div style="text-align: right; font-size: small;">(Date)</div>																					
Full metal crowns: <input type="checkbox"/> Non-precious CoCr <input type="checkbox"/> Non-precious yellow metal (crown) <input type="checkbox"/> Gold (yellow) - Please specify alloy: <div style="text-align: center; font-weight: bold;">Gold alloy 62% / 75% / 88%</div>	Preferred Design of Pontic <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Ridge Lap </div> <div style="text-align: center;">  Modified Ridge Lap </div> <div style="text-align: center;">  Hygienic </div> <div style="text-align: center;">  Cone </div> <div style="text-align: center;">  Socket Ovate </div> <div style="text-align: center;">  Occl. Staining? </div> </div>		Tooth for Restoration 	For Office Use Date received _____ Job No. _____ <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: center;">Inspecting Technician</div>																			
<p>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).</p> <p>Relevant essential requirements not met and reasons why are listed in the evaluation box.</p>																							

