

<b>Dentist</b>		<b>Practice</b>	
<b>Patient Name</b>		<b>Age</b>	<b>Shade Take:</b>
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Dentist <input type="checkbox"/> Lab
<b>Prep Date</b>	<b>Delivery Date</b>	<b>Stump Shade</b>	<b>Final Shade</b>

**Restoration (Turnaround: 10 working days from lab work receipt)**

- |   |                                 |  |                                      |
|---|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Crown                          | <input type="checkbox"/> Bridge | <input type="checkbox"/> Maryland Bridge   | <input type="checkbox"/> Inlay/Onlay |
| <input type="checkbox"/> Implant (specs required below) | <input type="checkbox"/> Veneer | <input type="checkbox"/> Diagnostic Wax-Up | <input type="checkbox"/> Post&Core   |

**Material**

- |  |   |
|--|---|
| <input type="checkbox"/> Full Contour Zirconia High Translucent  | <input type="checkbox"/> Porcelain Fused Metal      |
| <input type="checkbox"/> Full Contour Zirconia Ultra Translucent | <input type="checkbox"/> Full Metal (semi-precious) |
| <input type="checkbox"/> Layered Zirconia                        | <input type="checkbox"/> Full Metal (precious)      |
| <input type="checkbox"/> Monolithic Emax (stump shade required)  | <input type="checkbox"/> Temporary (PMMA)           |
| <input type="checkbox"/> Layered Emax (stump shade required)     | <input type="checkbox"/> Composite                  |

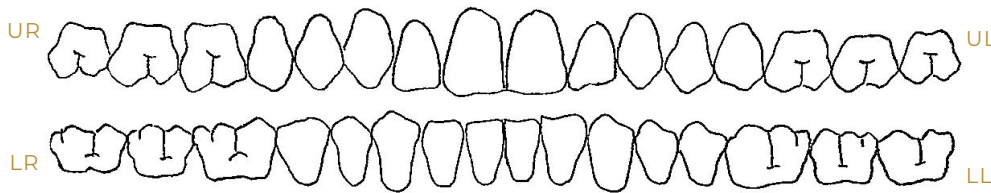
**Implant Specifications**

Prosthesis type: \_\_\_\_\_ Implant System: \_\_\_\_\_

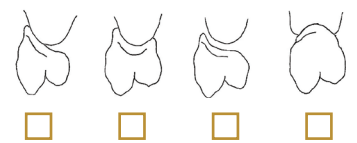
Screw Retained     Cement Retained

Component Supplier: \_\_\_\_\_ Custom Made Abutment (if required): \_\_\_\_\_

Lab     Dentist     Titanium     Zirconia



**Pontic Design**



**Special Instructions/Other Appliances:**

**YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT:**

This custom-made medical device has been manufactured to satisfy the properties, features, characteristics and attributes specified by the prescriber for the above named patient. This medical device is intended for the exclusive use by this patient and conforms to the relevant requirements specified in Annex 1 of the Medical Devices Directive (93/42/EEC) and United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patients use.

**INSTRUCTIONS FOR STORAGE, HANDLING, AND USE:**

It is recommended that before use, this medical device is stored in a safe and clean environment, preventing it coming into contact with equipment, materials, acids, alkalis or bleaches that may cause chemical or physical damage to the device. This medical device should not be exposed to extremes of temperature whilst being stored. Where applicable care should be taken when removing the dental appliance from the model. THIS MEDICAL DEVICE IS SUPPLIED UNSTERILIZED.