

Unique Case Number

Practice Address :

Prescribing Dentist's name :

This device is for the exclusive use of:

Patient's Name :

Gender: Male Female Age:

Shade :

Level of service

Standard Independent Private

Express Express-Plus

Completed work required by :
Day before appointment please

Spec. Tray

Bite

Try-In

Re Try-In

Finish

Metal Ceramic

- Bonded Crown
- Bonded Bridge
- Cast or 3/4 Crown
- Gold Inlay
- Etch retained wing
- Post and core
- Implant
- Study Models

All Ceramic

- Full Contour Zirconia Cr / Br
- Full Contour Zir Inlay / Veneer
- e.Max + Zirconia Crown
- e.Max + Zirconia Bridge
- e.Max Crown / Inlay / Veneer
- Implant - Cement Retained
- Implant - Screw Retained
- Composite Inlay / Veneer

Denture

- Acrylic
- Chrome
- Implant Retained
- Vertex flexi Denture

Other

- Clear Aligner
- Smile Design Wax Up
- Bleaching Tray
- Soft Splint

Notation

Upper Right Upper Left

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lower Right Lower Left

Special Instructions :

Official use

Items supplied: Upper Lower Triple Tray

This device conforms to essential requirements in Annex one of the medical devices directive and this is a statement for that purpose. Any requirements not met are identified above and clearly marked as such. MHRA Reg. No. CA010336

Unique Case Number

Practice Address :

Prescribing Dentist's name :

This device is for the exclusive use of:

Patient's Name :

Gender: Male Female Age:

Shade :

Level of service

Standard Independent Private

Express Express-Plus

Completed work required by :
Day before appointment please

Spec. Tray

Bite

Try-In

Re Try-In

Finish

Metal Ceramic

- Bonded Crown
- Bonded Bridge
- Cast or 3/4 Crown
- Gold Inlay
- Etch retained wing
- Post and core
- Implant
- Study Models

All Ceramic

- Full Contour Zirconia Cr / Br
- Full Contour Zir Inlay / Veneer
- e.Max + Zirconia Crown
- e.Max + Zirconia Bridge
- e.Max Crown / Inlay / Veneer
- Implant - Cement Retained
- Implant - Screw Retained
- Composite Inlay / Veneer

Denture

- Acrylic
- Chrome
- Implant Retained
- Vertex flexi Denture

Other

- Clear Aligner
- Smile Design Wax Up
- Bleaching Tray
- Soft Splint

Notation

Upper Right Upper Left

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lower Right Lower Left

Special Instructions :

Official use

Items supplied: Upper Lower Triple Tray

This device conforms to essential requirements in Annex one of the medical devices directive and this is a statement for that purpose. Any requirements not met are identified above and clearly marked as such. MHRA Reg. No. CA010336