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PRESCRIPTION FORM

DENTIST & CLINIC ADDRESS

TEL:

CUSTOM MADE DEVICE FOR:

AGE:
M / F:

DATE WORK PREPARED:

DATE WORK ARRIVED IN LAB:

DELIVERY DATE INTO SURGERY:
(DAY BEFORE FIT)

For Appointment Date:

STUMP SHADE FINAL SHADE

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

MATERIALS PROVIDED

BITE REG PARAPOST

ALIGNATE RUBBER BASE

STUDY MODEL PHOTOS

FACEBOW REG OTHER

BIN No. JOB No. DATE

PRIVATE DESIGN
INDEPENDENT
STANDARD
NHS

- NON PRECIOUS POST & CORE
- PRECIOUS POST & CORE
- NP SHELL (SILVER COLOURED)
- 40% PRECIOUS SHELL (PALE GOLD)
- 60% PRECIOUS SHELL (GOLD)
- 60% PRECIOUS GOLD INLAY/ONLAY
- NON PRECIOUS BONDED CROWN
- PRECIOUS BONDED CROWN
- NON PRECIOUS BRIDGE
- PRECIOUS BRIDGE
- MARYLAND BRIDGE

ALL PRECIOUS ITEMS - ALLOY EXTRA

- VENEERS**
- E-MAX (Excludes NHS)
 - FELDSPATHIC

METAL FREE

- LAYERED ZIRCONIA CROWN
- LAYERED ZIRCONIA BRIDGE
- E-MAX INLAY/ONLAY
- E-MAX CROWN
- E-MAX BRIDGE
- SOLID ZIRCONIA CROWN
- SOLID ZIRCONIA BRIDGE
- COMPOSITE INLAY/ONLAY/CROWN

IMPLANTS

- CUSTOM TITANIUM ABUTMENT
- CUSTOM ZIRCONIA ABUTMENT
- MILLED STOCK ABUTMENT
- CEMENT RETAINED CROWN/BRIDGE
- SCREW RETAINED CROWN/BRIDGE

THERMOFORMED

- SOFT VINYL SPLINT
- CLEAR ACRYLIC SPLINT
- BLEACHING TRAY

PLANNING

- STUDY MODELS
- STANDARD ACRYLIC CROWN/BRIDGE
- IND/PRIV ACRYLIC CROWN/BRIDGE
- SCREW RETAINED ACRYLIC CROWN
- CLEAR ACRYLIC GUIDE STENT

SPECIFIC INSTRUCTIONS & AMENDMENTS RECORD

PATIENT STATEMENT AVAILABLE ON REQUEST

FOR OFFICE USE ONLY

APPROVED FOR RELEASE BY: _____

SHADE CHECKED _____

THIS CUSTOM MADE DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS SPECIFIED IN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE. IT IS INTENDED FOR THE EXCLUSIVE USE OF THE ABOVE PATIENT. THE DEVICE IS CLEAN THOUGH NON-STERILE. STORE IN A SAFE ENVIRONMENT AND HANDLE WITH CARE.

MHRA No. CA012406

NON COMPLIANCE WITH ESSENTIAL REQUIREMENTS TOGETHER WITH THE GROUNDS ARE LISTED ABOVE.