

PLEASE CHOOSE

NHS

PRIVATE

OFFICE USE ONLY (BARCODE/QC STAMP)

Job Number: _____



1st Floor, Quarry Lane, Chichester, PO19 8NY
 t 01243 533 010 w citydentallab.com
 e chichester@citydentallab.com

Clinic: _____

Dentist: _____

Patient: _____ Age: _____

Date sent: _____

Gender: Male Female

CROWN/BRIDGE

<input type="checkbox"/> E-Max®	<input type="checkbox"/> Zirconia®	<input type="checkbox"/> Porcelain to Metal	<input type="checkbox"/> Full Cast
<input type="checkbox"/> E-Max® Layered	<input type="checkbox"/> Layered (Porcelain)	<input type="checkbox"/> Precious	<input type="checkbox"/> High Gold
<input type="checkbox"/> E-Max® Full	<input type="checkbox"/> Full (Solid Zr)	<input type="checkbox"/> Semi Precious	<input type="checkbox"/> Medium Gold
		<input type="checkbox"/> Non Precious	<input type="checkbox"/> Low Gold
			<input type="checkbox"/> Non Precious

INLAY/ONLAY

<input type="checkbox"/> All-Ceramic	<input type="checkbox"/> Full Cast	<input type="checkbox"/> Composite
<input type="checkbox"/> E-Max® CAD/Press	<input type="checkbox"/> 60% Gold	
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Non-Precious	

VENEER

E-Max® CAD/Press

Foil

POST & CORE

Non Precious

Semi Precious

GUARDS

Night

Bleaching

Sports

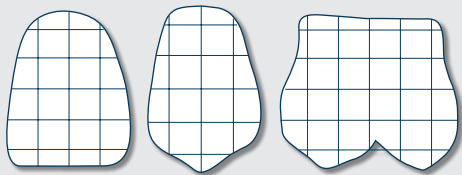
Pontic Design

Ovate mm

Full Lap

Modified Ridge

SHADE



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

Due Date: _____

SPECIAL INSTRUCTIONS (PLEASE USE BLOCK CAPITALS)

UPPER DENTURES

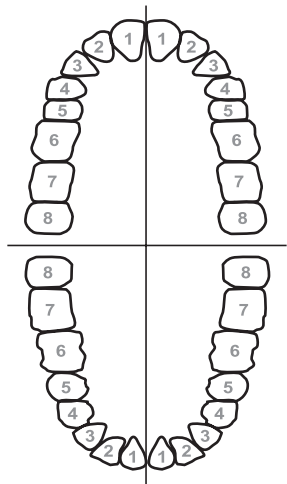
<input type="checkbox"/> Full	<input type="checkbox"/> Partial
<input type="checkbox"/> Acrylic	<input type="checkbox"/> Flexible
<input type="checkbox"/> Co/Cr	<input type="checkbox"/> Acrylic
	<input type="checkbox"/> Co/Cr

TOOTH OPTIONS

Elite

Private

NHS



Due Date:	Next Stage
	<input type="checkbox"/> Bite
	<input type="checkbox"/> Special Tray
	<input type="checkbox"/> Wax Try-In
	<input type="checkbox"/> Re-Try
	<input type="checkbox"/> Fit

LOWER DENTURES

<input type="checkbox"/> Full	<input type="checkbox"/> Partial
<input type="checkbox"/> Acrylic	<input type="checkbox"/> Flexible
<input type="checkbox"/> Co/Cr	<input type="checkbox"/> Acrylic
	<input type="checkbox"/> Co/Cr

SHADE

This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant requirements specified in Annex I of the Medical Devices Directive (93/42/EEC) and the United Kingdom Medical Directive Regulations.

