

**PLEASE CHOOSE**

**NHS**

**PRIVATE**

**OFFICE USE ONLY (BARCODE/QC STAMP)**

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Job Number: \_\_\_\_\_

**CITY DENTAL**  
LABORATORY

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
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

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Due Date: \_\_\_\_\_

QC STAMP

**SPECIAL INSTRUCTIONS (PLEASE USE BLOCK CAPITALS)**

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**UPPER DENTURES**

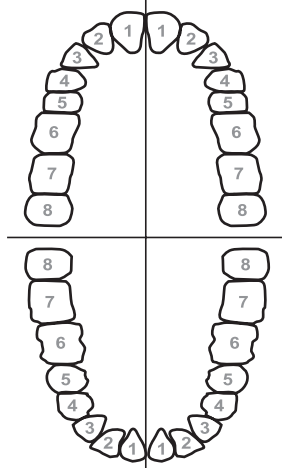
<input type="checkbox"/> Full	<input type="checkbox"/> Partial
<input type="checkbox"/> Acrylic	<input type="checkbox"/> Flexible
<input type="checkbox"/> Co/Cr	<input type="checkbox"/> Acrylic
	<input type="checkbox"/> Co/Cr

**TOOTH OPTIONS**

Elite

Private

NHS



Due Date:	Next Stage	QC STAMP
	<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.

