



PSA Dental Lab

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Coulsdon CR5 2LR

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Lab Use Only:

Job Number: _____

Date Received: ____ / ____ / ____

Technician: _____

1

DENTIST NAME: _____ **PRACTICE NAME:** _____

PATIENT NAME/ID: _____ **POST CODE:** _____

DATE SENT: ____ / ____ / ____ **RETURN DATE:** ____ / ____ / ____ (AT LEAST 1 DAY BEFORE APPOINTMENT)

2

SERVICE: ☐ Standard/Premium - 10 working days ☐ Scan - 8 working days

3

RESTORATION TYPE:

☐ INLAY ☐ ONLAY ☐ VENEER ☐ CROWN ☐ BRIDGE

4

MATERIAL TYPE:

Standard only:

- ☐ COMPOSITE
☐ PFM Non-precious
☐ FULL Metal

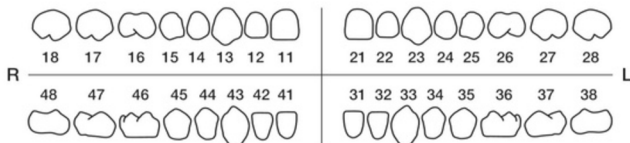
☐ Non-precious - silver colour

Premium Only:

- ☐ COMPOSITE ☐ PFM
☐ E.MAX
☐ FULL Contour Zirconia
☐ ZIRCONIA with Porcelain Overlay
☐ FULL Metal
☐ Non-precious
☐ Precious (Au ☐ 60% or ☐ 40%)

5

VITA SHADE:



PRESSURE FORMED APPLIANCES:

Arch: ☐ Upper ☐ Lower

- ☐ NIGHT Guard (Soft)
☐ NIGHT Guard (Soft inside and hard outside)
☐ BLEACHING Tray ☐ FLUORIDE Tray
☐ ESSIX Retainer ☐ HARD Splint
☐ SPORTS Guard

ADDITIONAL:

- ☐ TEMPORARY Crown/Bridge (PMMA)
☐ DIGITAL Smile Design / Wax Up
☐ COMPOSITE Bonding Stent
☐ FIXED Wire Retainer with jig
☐ STONE Model
☐ Pink Porcelain

INSTRUCTIONS:

THIS DEVICE IS NON-STERILE

This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations. **Prescriber Feedback:** To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

MHRA Reg. No. 6009