

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

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

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

2 **SERVICE:** NHS - 10 working days Private - 7 working days

3 **RESTORATION TYPE:**

INLAY ONLAY VENEER CROWN BRIDGE

4 **MATERIAL TYPE:**

NHS only:

COMPOSITE

NHS Zirconia (Crown Only)

FULL Metal

Non-precious (Co-Cr, Crown only - silver colour)

Precious (Au 60% or 40%)

Private Only:

COMPOSITE

E.MAX

AESTHETIC Full Contour Zirconia


ZIRCONIA with Porcelain Overlay

FULL Metal

Non-precious (Co-Cr, silver colour only)

Precious (Au 60% or 40%)

5 **VITA SHADE:**



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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											

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

No Separators With Separators

STONE Model

Upper Lower

INSTRUCTIONS:

THIS DEVICE IS NON-STERILE