|  |  |
| --- | --- |
| LAB REF. |  |
| SURGERY REF. |  |

A picture containing drawing

Description automatically generated



REGISTERED MEMBER

GENERAL DENTAL COUNCIL REG No. 149795

MHRA.

MDD Reg. CA001167

CROWN & BRIDGE SPECIALIST

TEL: 01775 710807 | MOBILE: 07884255181

ANDREW RICHARD WRIGHT R.D.T

CITY & GUILDS OF LONDON INSTITUTION AWARDED 1983

OFFICAL USE ONLY

DATE:

|  |  |
| --- | --- |
| Imps Sent |  |
| Bites Sent |  |
| Models Sent |  |
| Bite Reg Sent |  |
| Other |  |
| Denture Sent |  |
| Collection |  |
| Model Fabrication |  |
| Metal Construction |  |
| Ceramic Finishing |  |
| Other Work Undertaken |  |
| Articulator |  |
| Review Contract |  |

PLEASE COMPLETE ALL THE RELEVANT BOXES. THIS WILL ENSURE WE PROVIDE THE SERVICE YOU REQUIRE AND ELIMINATE ANY POSSIBLE DELAYS. THANK YOU.

PLEASE NOTE: quotations for precision attachments, large or complex cases.

|  |  |  |
| --- | --- | --- |
| SURGEON: |  | |
| ADDRESS: |  | |
|  | |
| TEL: |  | |
| PATIENT REF: |  | |
| DATE OF BIRTH: |  | |
| CONTACT TEL: |  | |
| PATIENT APPOINTMENT: |  | PM |

|  |  |  |  |
| --- | --- | --- | --- |
| PRIVATE | yes | INDEPENDANT |  |
| NHS |  | EXPRESS SERVICE |  |

Shade Required

**RESTORATION REQUIRED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

|  |  |
| --- | --- |
| VITA SHADE |  |
| CHROMOCOPE SHADE |  |

**SPECIFIC STAININGS & CHARACTERISATIONS**

|  |
| --- |
| **DATE REQUIRED** |
|  |

**SPECIAL INSTRUCTIONS & REMARKS**

**ORIGIN OF MANUFACTURE DECLARATION**

This complete appliance has been wholly manufactured within the EU.

Your attention is drawn to the following statement: 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 relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/ or refurbished for an individual’s patient’s use.