ent DIGITAL

Gleaners, Buckland Road Cliffe ME3 7RR
Tel: 01634 222 756
07501 497 791
Email: info@edentallaboratory.com

Case number (lab use only)	Drs name	Patient name

Return date

(Please allow 14 days from receipt)

☐ Male ☐ Female

Age: _____

Date received by lab

Type of Restoration

☐PFM ☐Full cast ☐Milled (metal) ☐Milled (ceramic)

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ Precious (Yellow or White)
- ☐ Gold
- ☐ All on four
- ☐ All on six
- ☐ Implant Abutment
- ☐ Zirconia
- ☐ Composite
- ☐ EMAX

Length of Centrals to Soft Tissue Zenith

Left Central:

Right Central:

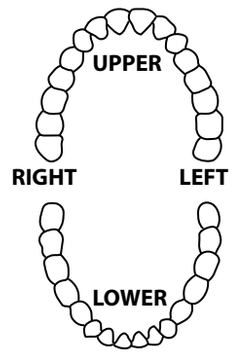
Special length instructions:

Service Desired

- ☐ Single unit Crown
- ☐ Maryland Bridge
- ☐ Post & Core
- ☐ Splintered Crowns
- ☐ Veneer
- ☐ Post Crown
- ☐ Bridge
- ☐ Inlay/Onlay
- ☐ Screw retained Crown

Stump Shade:

Tooth number:



Shade:

Porcelain Butt Margin

☐360° ☐Buccal only

Pontic Design

- ☐ Full Ridge
- ☐ Modify Ridge Lap
- ☐ No Contact
- ☐ Point Contact
- ☐ Point in Socket (ovate)

- ☐ Show metal strip on Lingual
- ☐ No metal strip on Lingual

Special Instruction:

Occlusal Contact

☐No Contact ☐Light Contact ☐Full Contact

Occlusal Staining

☐None ☐Light ☐Medium ☐Heavy

Incisal Translucency

☐Minimal ☐Normal ☐See Diagram

Surface Texture

☐None ☐Low ☐Medium ☐High

Surface Lustre

☐Low ☐Medium ☐High

This/the devices conform to the relevant essential requirements set out in the Annex 1 of the Medical Devices Directive 92/42/EEC. This/the customer made devices are for the exclusive use of the patients named above and have been prescribed by the dental practitioner (some work may have been requested solely or in part by a GDC registered dental technician).

GDC REG NO.: 154376
MHRA CA014224

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Denture RX.

Dr.

Patient

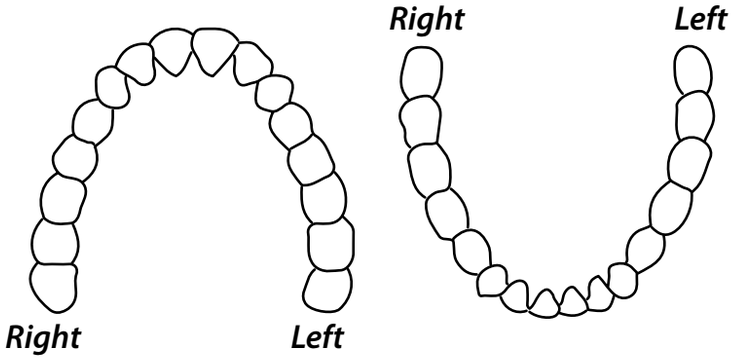
Shade

Mould

Stage 1 Instructions

Date Required

Case No.



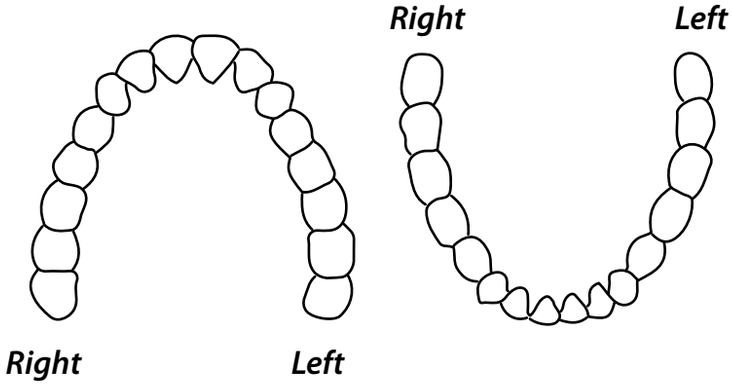
Notes:

- ☐ Bite Block
- ☐ Custom Tray
- ☐ Repair

Stage 2 Instructions

Date Required

Case No.



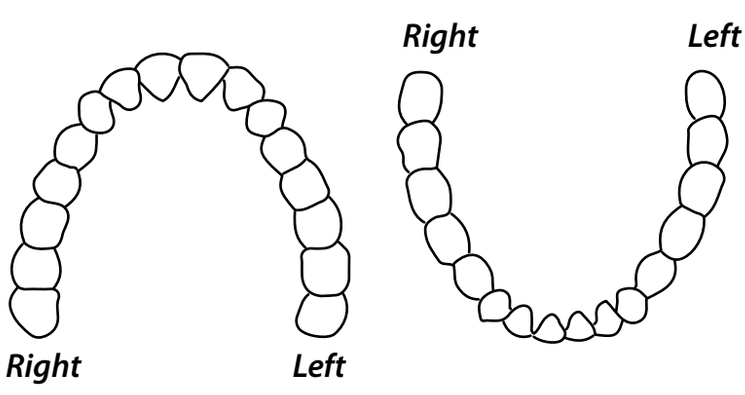
Notes:

- ☐ Cast Partial
- ☐ Valplast
- ☐ Frame Try-in
- ☐ Reline
- ☐ Setup Try-in
- ☐ Rebase

Stage 3 Instructions

Date Required

Case No.



Notes:

- ☐ Over Denture
- ☐ Acrylic Denture
- ☐ Complete Denture
- ☐ Finish

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