

## PROSTHETICS

<p><b>DENTIST NAME</b> _____</p> <p><b>ADDRESS</b> _____</p> <p><b>POSTCODE</b> _____ <b>PHONE</b> _____</p> <p><b>EMAIL</b> _____</p>	<p><b>JOB NO.</b> Lab use only</p> <p><b>STANDARD REQUIRED</b>  <input checked="" type="checkbox"/> Please tick  <input type="checkbox"/> PREMIER PLUS    <input type="checkbox"/> PREMIER    <input type="checkbox"/> INDEPENDENT</p>																																				
<p><b>PATIENT NAME</b> _____ <input type="checkbox"/> MALE</p> <p>AGE _____ <input type="checkbox"/> FEMALE</p>	<p><b>SERVICE REQUIRED</b></p> <p><input type="checkbox"/> <b>NORMAL</b> - 5 WORKING DAYS IN THE LAB</p> <p><input type="checkbox"/> <b>EXPRESS</b> - 3 WORKING DAYS IN THE LAB +15%</p> <p><input type="checkbox"/> <b>SPRINT</b> - 2 WORKING DAYS IN THE LAB +25%</p> <p><small>Please allow 10 days @ bite/try-in for CO / CR and 7 days @ finish for Valplast</small></p>																																				
<p><b>TOOTH SELECTION</b></p> <p><input type="checkbox"/> ENIGMA    <input type="checkbox"/> IVOCLAR    <input type="checkbox"/> OTHER PLEASE STATE _____</p>	<p><b>MOULD</b> _____</p> <p><b>SHADE</b> _____</p>																																				
<p><input type="checkbox"/> FULL    <input type="checkbox"/> PARTIAL    <input type="checkbox"/> IMMEDIATE</p> <p><input type="checkbox"/> HIGH IMPACT ACRYLIC    <input type="checkbox"/> CO / CR    <input type="checkbox"/> VALPLAST</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>DATE</th> <th>TECHNICIAN</th> </tr> </thead> <tbody> <tr><td>UPPER SPECIAL TRAY</td><td></td><td></td></tr> <tr><td>LOWER SPECIAL TRAY</td><td></td><td></td></tr> <tr><td>BITE</td><td></td><td></td></tr> <tr><td>TRY IN</td><td></td><td></td></tr> <tr><td>RE-TRY</td><td></td><td></td></tr> <tr><td>FINISH</td><td></td><td></td></tr> <tr><td>CO / CR</td><td></td><td></td></tr> <tr><td>RELINE (HARD)</td><td></td><td></td></tr> <tr><td>RELINE (SOFT)</td><td></td><td></td></tr> <tr><td>ADDITION</td><td></td><td></td></tr> <tr><td>REPAIR</td><td></td><td></td></tr> </tbody> </table>		DATE	TECHNICIAN	UPPER SPECIAL TRAY			LOWER SPECIAL TRAY			BITE			TRY IN			RE-TRY			FINISH			CO / CR			RELINE (HARD)			RELINE (SOFT)			ADDITION			REPAIR		
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<p><b>APPROVED FOR MANUFACTURE</b> <input style="width: 100px;" type="text"/></p>	<p><b>ITEMS DISPATCHED</b></p> <p>SILICONE <input type="checkbox"/> U <input type="checkbox"/> L</p> <p>ALGINATE <input type="checkbox"/> U <input type="checkbox"/> L</p> <p>STUDY MODELS <input type="checkbox"/> U <input type="checkbox"/> L</p> <p>BITE <input type="checkbox"/></p> <p>DENTURE <input type="checkbox"/> U <input type="checkbox"/> L</p> <p>EMAIL <input type="checkbox"/></p> <p>PHOTO <input type="checkbox"/></p>																																				
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<p>FOR SURGERY USE</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DISINFECTED</p>	<p><small>THIS IS A CUSTOM MADE DEVICE INTENDED FOR THE USE BY THIS PATIENT. THIS DEVICE CONFORMS TO RELEVANT ESSENTIAL REQUIREMENTS SET OUT IN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE. PLEASE KEEP AWAY FROM EXTREMES OF HEAT AND COLD. THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED IN THE EU.</small></p>																																				

