NHS ☐ PRIVATE ☐

PHONE: 07946185993 EMAIL: INFO@SKDENTALLAB.CO.UK MHRA—CA015852

THIS SECTION MUST BE COMPLETED TO FULFIL YOUR ORDER

Doctor's Name: ..... Email: .....

Address: ..... Phone: .....

..... Post Code: .....

Case Number (Lab use only):	Box Number (Lab use only):	Patient Name:

Return Date: Allow 14 days from receipt

Male ☐ Female ☐ Age:

Date received by Lab

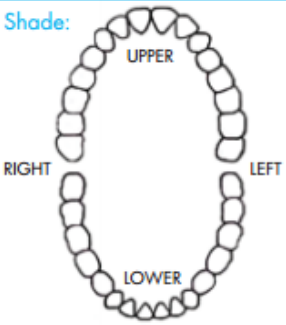
STAGE ONE

SERVICE REQUIRED:

- ☐ Bite Block
- ☐ Special Tray
- ☐ Study Models

Return Date:

Shade:



Notes:

STAGE TWO

☐ Try-In

Please illustrate any special design requirements

Metal Framework:

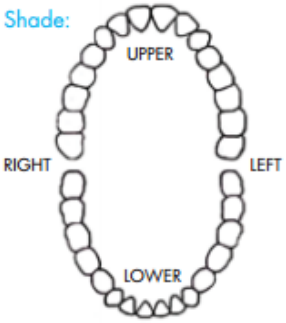
- ☐ Chrome Cobalt
- ☐ Vitalium

Clasps:

- ☐ Aesthetic
- ☐ Metal

Return Date:

Shade:



Notes:

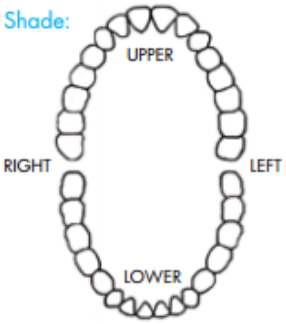
STAGE THREE

FINISH:

- ☐ Acrylic
- ☐ Valplast

Return Date:

Shade:



Notes:

STAGE FOUR

OTHER SERVICES:

- ☐ Clean
- ☐ Polish
- ☐ Study Models

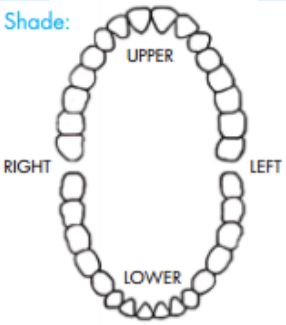
Relines:

- ☐ Night Guard
- ☐ Whitening
- ☐ Colour Guard

- ☐ Repair
- ☐ Same Day Repair
- ☐ Addition

Return Date:

Shade:



Notes:

This/the devices conform to the relevant essential requirements set out in Annexe 1 of the Medical Devices Directive 93/42/EEC. This/the custom 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).

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