

Doctor's Name _____
Address _____
Phone _____ Fax _____
Email _____

Patient Name _____
Due Date _____
10 Working Days Between Each Stage

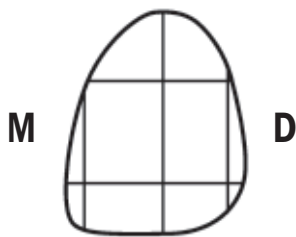
CROWNS & BRIDGES

Upper / Lower

DENTURES & ORTHO




Vita Shade Guide _____

- Crown
- Bridge
- Pontic
- Veneer
- Post & Core
- Onlay
- Inlay



- All-Ceramic:**
- Empress®/Eris®
 - Wol-Ceram®
 - In-Ceram®
 - Procera®
 - Cercan®

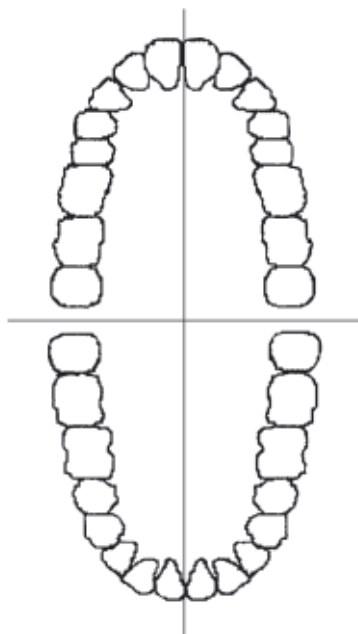
Lingual Design:

- Porcelain Butt Margin 
- Metal Collar 
- Metal Packing 

- Full Cast:**
- NP (Silver)
 - SP (Silver)
 - 33% Gold
 - 60% Gold
 - 86% Gold

- Porcelain to Metal:**
- Non-Precious (Silver)
 - Semi-Precious (Silver)
 - Precious (86% Gold)
 - Captek® (Gold)

Upper



Lower

PLEASE SPECIFY TOOTH NOTATION

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 Guide _____

- Tissue Shade** (Sunflex® Only)
- Crystal
 - Med Meharry
 - Light Pink
 - Dk Meharry
 - Pink

- Full
- Upper
- Partial
- Lower
- Spoon Denture
- Unilateral

Dentures:

- Sunflex®
- Acrylic
- Co/Cr
- Titanium
- Nobilstar/Vitallium

Major Connector

- Lab Select
- Horseshoe
- Full Palate
- Ring Design
- Lingual Bar
- Lingual Palate

Next Stage:

- Bite Blocks
- Special Tray
- Wax Try-In
- Fit

Removable Extras:

- Bleaching Tray
- Night Guards
- Sunflex® Burs
- Sunflex® Cleaner
- Study Model
- Vita® Shade Guide
- Cosmo® Shade Guide

The Registration Number of the Manufacturer of the MHRA is 009504.
DAMAS Registration No: 070158

This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant requirements specified in Annex I of the Medical Devices Directive (93/42/EEC) and the United Kingdom Medical Directive Regulations.

SPECIAL INSTRUCTIONS

Dr's Signature _____

Please tick if you require: Lab Tickets Post Labels