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PRESCRIPTION FORM

DENTIST & CLINIC ADDRESS

TEL:

CUSTOM MADE DEVICE FOR:

AGE:
M / F:

DATE WORK PREPARED:

DATE WORK ARRIVED IN LAB:

DELIVERY DATE INTO SURGERY:
(DAY BEFORE FIT)

For Appointment Date:

STUMP SHADE	FINAL SHADE
18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

MATERIALS PROVIDED

BITE REG	<input type="checkbox"/>	PARAPOST	<input type="checkbox"/>
ALGINATE	<input type="checkbox"/>	RUBBER BASE	<input type="checkbox"/>
STUDY MODEL	<input type="checkbox"/>	PHOTOS	<input type="checkbox"/>
FACEBOW REG	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

PRIVATE DESIGN INDEPENDENT

- NON PRECIOUS POST & CORE
- NON PRECIOUS BOND
- NON PRECIOUS BRIDGE
- 60% PRECIOUS GOLD INLAY/ONLY/SHELL
- 40% PRECIOUS GOLD (PALE GOLD)
- EMAX CROWN
- EMAX BRIDGE
- EMAX VENEER
- FELDSPATHIC VENEER
- EMAX INLAY/ONLAY
- LAYERED ZIRCONIA CROWN
- LAYERED ZIRCONIA BRIDGE
- AESTHETIC ZIRCONIA INLAY/ONLAY/CROWN
- AESTHETIC ZIRCONIA BRIDGE
- SOLID ZIRCONIA INLAY/ONLAY/CROWN
- SOLID ZIRCONIA BRIDGE
- ACRYLIC/COMPOSITE INLAY/ONLAY/CROWN
- ACRYLIC/COMPOSITE BRIDGE
- MARYLAND BRIDGE

TELL US FIXTURE BRAND PLEASE

(EXAMPLE: STRAUMANN/ASTRA)

PLANNING

- STUDY MODELS
- STANDARD ACRYLIC CROWN/BRIDGE

APPROVED FOR RELEASE BY:

BIN No.	JOB No.	DATE

PRESCRIBER FEEDBACK:

TO ENABLE OUR DENTAL LABORATORY TO COMPLY WITH THE MEDICAL DEVICES REGULATIONS FOR POST MARKET SURVEILLANCE, PLEASE INFORM US OF ANY FEEDBACK OR ISSUES REGARDING THE ENCLOSED DEVICE(S) AS SOON AS POSSIBLE. THIS CUSTOM MADE DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS SPECIFIED IN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE. IT IS INTENDED FOR THE EXCLUSIVE USE OF THE ABOVE PATIENT. THE DEVICE IS CLEAN THOUGH NON-STERILE. STORE IN A SAFE ENVIRONMENT AND HAND OVER CARE.

NON COMPLIANCE WITH ESSENTIAL REQUIREMENTS TOGETHER WITH THE GROUNDS ARE LISTED ABOVE.

MHRA Ref: 2132 Blue - Lab / White - Dentist / Yellow - Patient

SPECIFIC INSTRUCTIONS & AMENDMENTS RECORD

FOR OFFICE USE ONLY

MATERIAL