

DENTAL CERAMIC
DESIGN



Turnaround Times

Crowns	7 Days
Bridges	7 Days
Inlays/Onlays	7 Days
Vacuum Formed Appliances	5 Days

Prescribing Dentist & Practice:
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Custom made device for the exclusive use of

Patient Details:

 <input type="checkbox"/>	PRIVATE/INDEPENDENT <input type="checkbox"/>
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Date Sent:	Date Required:
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Shade:	DOB:
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ZIRCONIA CROWN <input type="checkbox"/>	FULL METAL CROWN <input type="checkbox"/>
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ZIRCONIA BRIDGE <input type="checkbox"/>	METAL INLAY/ONLAY <input type="checkbox"/>
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ZIRCONIA INLAY/ONLAY <input type="checkbox"/>	POST & CORE <input type="checkbox"/>
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BONDED CROWN <input type="checkbox"/>	COMPOSITE CROWN <input type="checkbox"/>
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BONDED BRIDGE <input type="checkbox"/>	COMPOSITE INLAY/ONLAY <input type="checkbox"/>
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MARYLAND BRIDGE <input type="checkbox"/>	ESSIX RETAINER <input type="checkbox"/>
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CANTILEVER BRIDGE <input type="checkbox"/>	BLEACHING TRAYS <input type="checkbox"/>
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E-MAX CROWN <input type="checkbox"/>	SOFT MOUTHGUARD <input type="checkbox"/>
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E-MAX BRIDGE <input type="checkbox"/>	HARD MOUTHGUARD <input type="checkbox"/>
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E-MAX INLAY/ONLAY <input type="checkbox"/>	DUAL LAMINATED GUARD <input type="checkbox"/>
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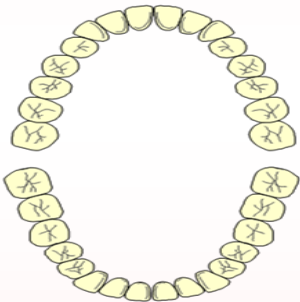
DIAGNOSTIC WAX-UP <input type="checkbox"/>	SPORTS GUARD <input type="checkbox"/>
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Disinfected: Yes / No	FEE: £
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DISINFECTED BY:

CASE INSTRUCTIONS AND AMENDMENTS RECORD

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



FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL

Technician Ref:		Job Details:	
Approved for manufacture by:		Approved for release by:	
Sign:		Sign:	
Details of materials etc supplied by prescriber:		Details of any model approval by prescriber:	

Regulatory Statement: This custom-made medical device has been manufactured in accordance with the design specifications provided by the prescribing dentist for the named patient. It is intended solely for the exclusive use of this patient and complies with the general safety and performance requirements set out in Annex I of the Medical Devices Regulations. To ensure compliance with Post-Market Surveillance obligations, any concerns regarding the fit, function or performance of this appliance must be directed to the prescribing dentist