

Nottingham Dental Ceramics

t: 0115 940 9210

e: info@nottinghamceramics.co.uk

3 Court Street
Nottingham
NG7 5DT

Unique Case Number

Practice Address

Crown & Bridge

- Bonded Crown
- Bonded Bridge
- Cast or ¾ Crown
- Gold Inlay
- Maryland Wing
- Post Core
- Study Models
- Diagnostic Wax-Up

Metal Free

- Porcelain Veneer
- (Adoro) Composite Inlay
- Zirconium e.max Bridge
- Zirconium e.max Crown
- Zirconium Post Core
- e.max Crown
- e.max Veneer
- e.max Inlay

Prescribing Dentist's Name

Denture

- Acrylic
- Chrome
- Valplast

Miscellaneous

- Implant
- Bleaching tray
- Special Tray
- Special Delivery

This device is for the exclusive use of:

Patients Name

Gender:

Age:

Shade

Notation

Upper right

Upper left

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Lower right

Lower left

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Level of Service

Standard Indep. Private VIP

Express Express-Plus

Completed Work Req.

Day Before Appointment please

Spec Tray: _____

Bite: _____

Try-in: _____

Re-Try: _____

Finish: _____

Official Use

Items Supplied

Upper Lower Triple

This device conforms to essential requirements in Annex 1 of the Medical Devices Directive and this is the statement for that purpose. Any requirements not met are identified above and clearly marked as such.

MHRA Reg No. CA002699