

Crown & Bridge Prescription

Instructions:

- please write in block capitals
- complete form in 2 copies (keep bottom copy, send 1 with the job)

Express PFM Options

- 3 Day Special **Express** Service
- 5 Day **Express** Service



If boxes above are not ticked, the Standard Economy service will be assumed.
Please check our new pricelist for details

Type of Restoration

- Crown Bridge
- Maryland bridge Post/Core
- Inlay/Onlay Veneer
- Buccal Porcelain Margin
- All-round Porcelain Margin
- Fine Metal Margin

Most Popular Products:

- PFM1 NP PFM Crown
- PFB1 NP PFM Bridge
- AC1 Empress e.max Crown
- ZIRC Zirconia (layered) Crown
- BRX Monolith Zirconia
- ZIRB Zirconia Bridge
- CCV Composite Crown/Veneer

Designerline

- APFM NP PFM Crown
- APFB NP PFM Bridge
- AAC Empress e.max Crown
- AZIRC Zirconia (layered) Crown
- AZIRB Zirconia (layered) Bridge

Other Product code: _____

Note: TTL non-precious alloy is Ni free.

Warning: Keep device from extraordinary heat or cold. Do not drop or crush. **Fragile!**

Enclosed in Package

Impression Disinfected and dry:

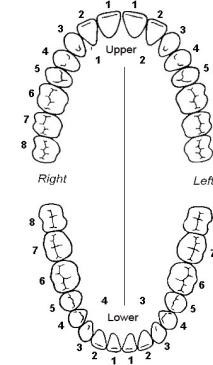
- Yes No

	Quantity	Received by TTL
Study Models	_____	_____
Alginate	_____	_____
Rubber	_____	_____
Bite	_____	_____
Photographs	_____	_____
Face-bow	_____	_____
Metal Trays	_____	_____
Memory Card/Disc	_____	_____
Shade	_____	_____

Evaluation Box

Special Instructions

Tooth for Restoration



Staining / Description Details

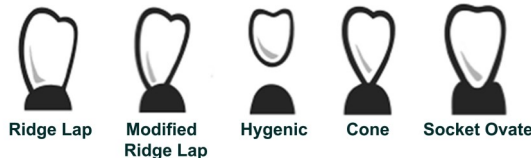
Tooth Shade...

Core Shade...

Shade



Preferred Design of Pontic



Practitioner's Signature

(Signature)

Date : _____

Practitioner _____

Practice Address _____

Tel. No. _____
(area code) (number)

Patient Name _____

Age _____ Male Female

Fit Date _____

Fit Time _____

For Office Use

Job No. _____

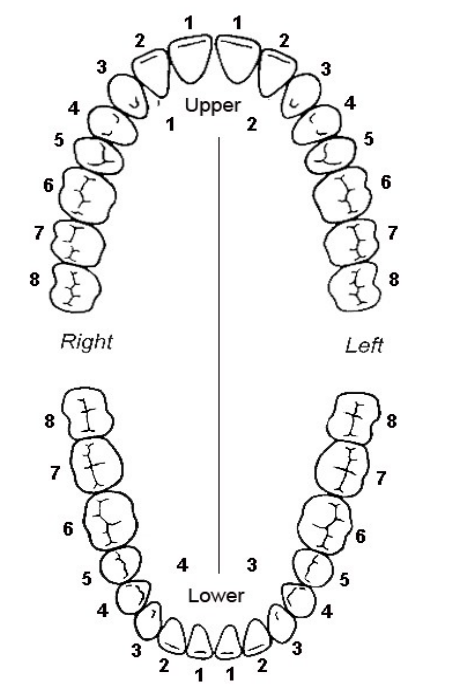
.....
Inspecting Technician

Technicians notes:

Removable Restorations Prescription Form

Instructions:

- please write in block capitals
- complete form in 2 copies
(keep bottom copy, send 1 together with the job)

<p>For Office Use</p> <p>Job No. _____</p> <p>_____</p> <p style="text-align: center;">Inspecting Technician</p>	<p>Enclosed in Package</p> <p>Impression Disinfected <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:20%; text-align: center;"><u>Quantity</u></th> <th style="width:50%; text-align: center;"><u>Received by TTL</u></th> </tr> </thead> <tbody> <tr><td>Study Models</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Alginate</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Rubber</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Bite</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Photographs</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Face-bow</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Metal Trays</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Memory Card/Disc</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Shade</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		<u>Quantity</u>	<u>Received by TTL</u>	Study Models	_____	_____	Alginate	_____	_____	Rubber	_____	_____	Bite	_____	_____	Photographs	_____	_____	Face-bow	_____	_____	Metal Trays	_____	_____	Memory Card/Disc	_____	_____	Shade	_____	_____	<p>Evaluation Box</p>	<p>Practitioner _____</p> <p>Practice _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Tel. No. _____ : _____</p> <p style="text-align: center;">(area code) (number)</p>
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<p>Technicians notes:</p>	<p>Special Instructions</p> <p>Tryin — or Finish?</p>		<p>Patient Name _____</p> <p>Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Fit Date _____</p> <p>Fit Time _____</p>																														
<p>Type of Restoration</p> <ul style="list-style-type: none"> <input type="checkbox"/> OS01A Special Tray <input type="checkbox"/> OS01B Bite Blocks <input type="checkbox"/> OS01S Combined Tray/Bite Block <input type="checkbox"/> AD01NT Acrylic Partial <input type="checkbox"/> AD01 Acrylic Denture (incl. teeth) <input type="checkbox"/> ADF Acrylic - Process/finish <input type="checkbox"/> AD03NT Flexible Denture <input type="checkbox"/> AD03F Flexible Denture (finish) <input type="checkbox"/> AD02NT Valplast Partial <input type="checkbox"/> VPDF Vitallium Framework <input type="checkbox"/> CCFO Chrome Cast Framework <input type="checkbox"/> CCTRY CoCr Framework Try-in <input type="checkbox"/> CCPC Framework Try-in/Process 	<div style="text-align: center;">  <p>The diagram shows a dental arch with teeth numbered 1 through 8 on both the right and left sides. The upper arch is labeled 'Upper' and the lower arch is labeled 'Lower'. The numbering starts from the center (incisors) and moves outwards to the back teeth (molars/premolars).</p> </div>																																
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