



digital premium

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MHRA: 5332 ADI - DLA Member

www.hdmdental.co.uk

Dr. _____ Practice Name _____ Acct. No: _____

Post Code _____ Tel/Mobile _____ GDC No: _____

patient name _____ d.o.b. (dd/mm/yy) _____ M / F _____

implant private

delivery - give us 10 WORKING DAYS exc. sat. & sun. allow 1 working day before appointment.

lab use only

- Special Tray U / L Date _____
- Bite U / L Date _____
- Metal try in U / L Date _____
- Pre Glaze stage U / L Date _____
- Finish (glaze) U / L Date _____
- Straight to Finish U / L Date _____



Cement Retained CROWN **C** IMPLANT SYSTEM _____

Screw Retained BRIDGE **B** PLATFORM _____ ON _____

abutment material

metal free

porcelain bonded

i have sent

- COBALT CHROME
- TITANIUM
- ZIRCONIA W/ TI-BASE
- MADE BY **HDM DENTAL**
- ORDER FROM SUPPLIER

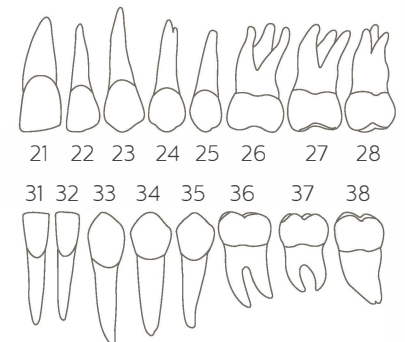
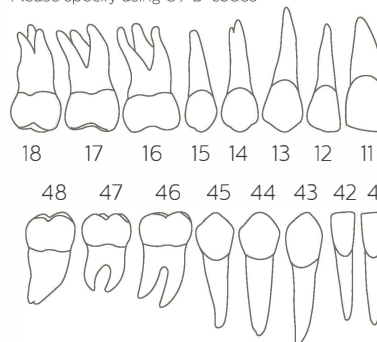
- IPS EMAX PRESS
- IPS EMAX CAD
- ZIRCONIA FULL CONTOUR
 - Mono Multi
- ZIRCONIA W/ PORCELAIN
- COMPOSITE

- TO NON-PRECIOUS (Co-Cr)
- TO SEMI-PRECIOUS (Pd)
- TO PRECIOUS (Au)

	enclosed	order	amount
ABUTMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAB SCREW	<input type="checkbox"/>	<input type="checkbox"/>	_____
ANALOGUE	<input type="checkbox"/>	<input type="checkbox"/>	_____
FINAL SCREW			
Ti	<input type="checkbox"/>	<input type="checkbox"/>	_____
GOLD	<input type="checkbox"/>	<input type="checkbox"/>	_____

- SURGICAL STENT (HARD NOT INVESTED)
- SURGICAL STENT (HARD INVESTED)
- SOFT STENT FOR TEMPORARY WAX UP ON
- STUDY MODEL
- WAX UP ON _____
- OTHER (PLEASE SPECIFY) _____

Please specify using C / B codes



shade use vita guide

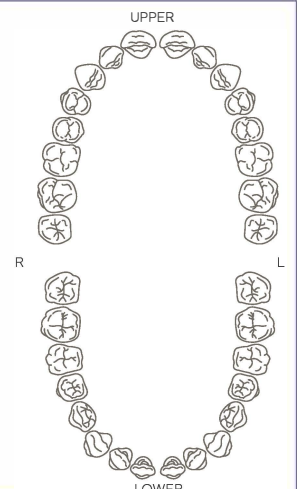


pontic design

- sanitary hygenic
- conical
- modified ridge-lap (standard)
- full ridge-lap
- ovate

instructions

IMPRESSION STERILISED
WITH _____ BY _____



Dr. _____ Practice Name _____ Acct. No: _____

Post Code _____ Tel/Mobile _____ GDC No: _____

patient name _____ d.o.b. (dd/mm/yy) _____ M / F

**telescopic
& attachments
private**

delivery – give us 10 WORKING DAYS exc. sat. & sun. allow 1 working day before appointment.

lab use only

- Special Tray U / L Date _____
- Bite U / L Date _____
- Try in U / L Date _____
- Finish U / L Date _____

- Straight to Finish U / L Date _____



denture type

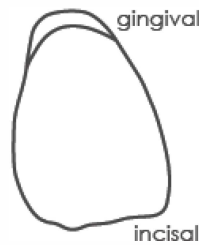
- * **ACRYLIC** **Co-Cr**

* Acrylic dentures will always be with metal reinforcement.

porcelain bonded

- TO NON PRECIOUS (Co-Cr)
 - TO SEMI PRECIOUS (Pd)
 - TO PRECIOUS, Gold (Au)
- BRIDGE **B**
 - CROWN **C**

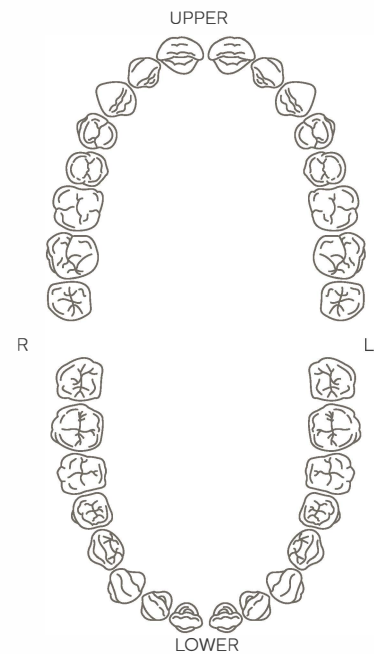
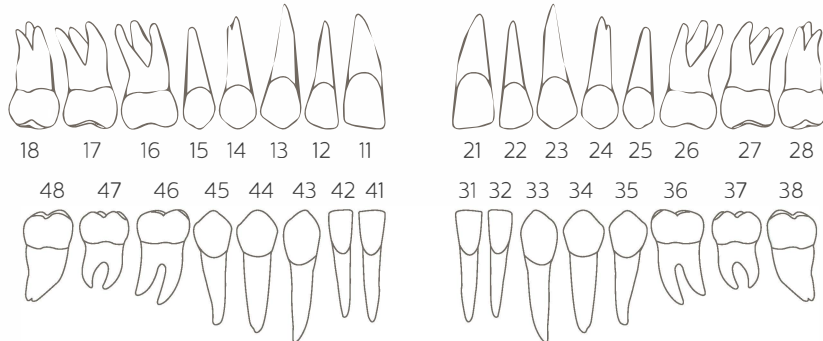
shade use vita guide



stage

- METAL TRY IN
- PREGLAZE
- FINISH (GLAZE)

Please specify using C / B codes



attachment type

- COMPOSITE BUILD UP ON _____
- TELESCOPIC ON _____
- TELESCOPIC WITH **TK-1** ON _____
- PRECI VERTIC ATTACHMENT ON _____
- PRECISION ATTACHMENT **SD** ON _____
- BALL ATTACHMENT ON _____
- OTHER (PLEASE SPECIFY) _____

- This is a remake case
- New/Old components enclosed _____

instructions

IMPRESSION STERILISED
WITH _____ BY _____