



digital  premium

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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

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

### metal free

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

### porcelain bonded

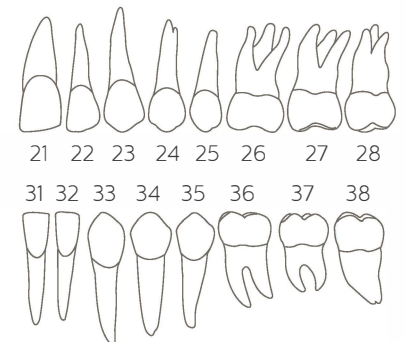
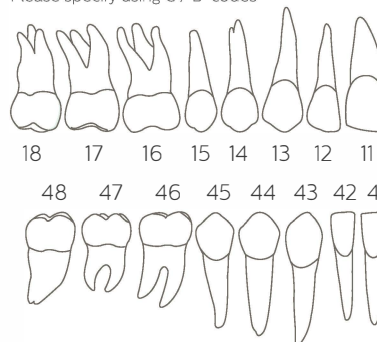
- TO NON-PRECIOUS (Co-Cr)
- TO SEMI-PRECIOUS (Pd)
- TO PRECIOUS (Au)

### i have sent

	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"/>	_____
<b>FINAL SCREW</b>			
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

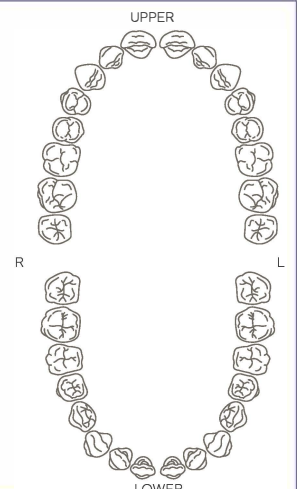


### pontic design

- 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**

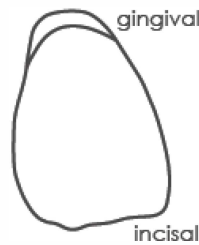
- \* **ACRYLIC**       **Co-Cr**

\* Acrylic dentures will always be with metal reinforcement.

**porcelain bonded**

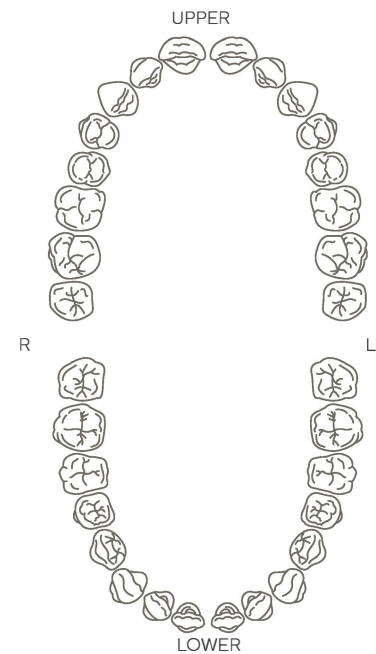
- TO NON PRECIOUS (Co-Cr)
- TO SEMI PRECIOUS (Pd)
- TO PRECIOUS, Gold (Au)
- BRIDGE **B**
- CROWN **C**

**shade** use vita guide

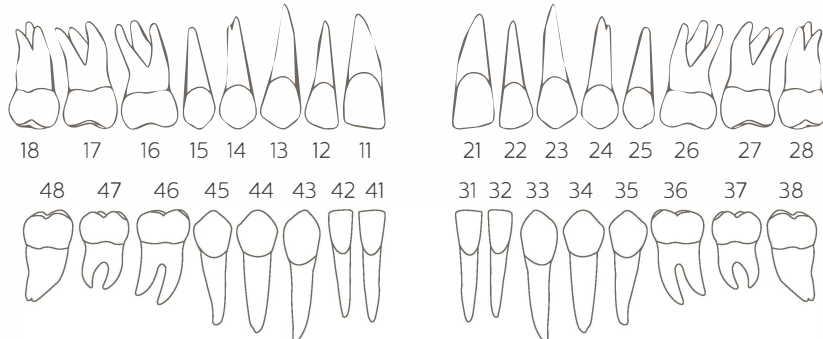


**stage**

- 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 \_\_\_\_\_

Dr. \_\_\_\_\_ Practice Name \_\_\_\_\_ Acct. No: \_\_\_\_\_

Post Code \_\_\_\_\_ Tel/Mobile \_\_\_\_\_ GDC No: \_\_\_\_\_

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

# prosthetic 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**

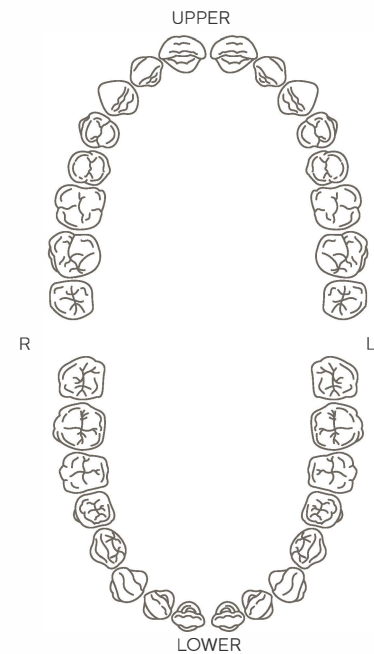
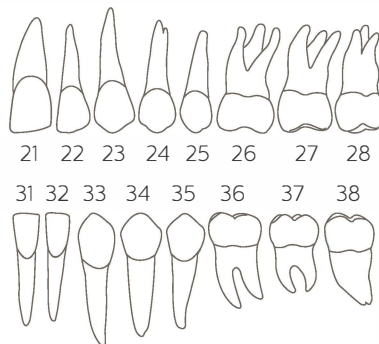
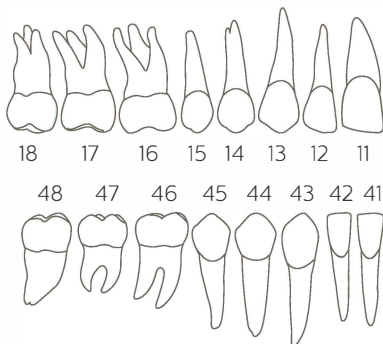
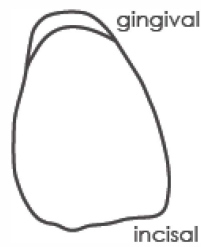
**Co-Cr**

**FLEXIBLE**

extract tooth

- @ try in \_\_\_\_\_
- @ finish \_\_\_\_\_
- clasp on \_\_\_\_\_

shade use vita guide



- BLEACHING TRAY \_\_\_\_\_
- NIGHT GUARD (SOFT) \_\_\_\_\_
- MICHIGAN / TANNER (HARD INVESTED) \_\_\_\_\_
- NIGHT GUARD (HARD AND SOFT) \_\_\_\_\_
- \*SPORTS GUARD (COLOUR) \_\_\_\_\_
- ESSIX RETAINER \_\_\_\_\_
- STUDY MODEL \_\_\_\_\_
- REPAIR \_\_\_\_\_
- ADDING UNIT \_\_\_\_\_
- RELINE \_\_\_\_\_
- REBASE \_\_\_\_\_
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

- This is a remake case
- New/Old components enclosed \_\_\_\_\_

**instructions**

Tell us about if/when any root extraction.

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

# crown & bridge private

delivery date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - give us 10 WORKING DAYS exc. sat. &amp; sun. allow 1 working day before appointment.

 CROWN **C**     BRIDGE **B**     VENEER **V**     INLAY **I**     ONLY **O**

Please specify under instructions using C / B / V / I / O codes

**metal free**

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

**full metal**

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

**post and core**

- INTEGRAL 
- SEPERATE 
- Co-Cr     Pd     Au

**maryland bridge**







wings on \_\_\_\_\_

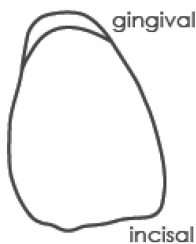
- PORCELAIN BONDED
- COMPOSITE BONDED
- ACRYLIC BONDED
- COMPOSITE (fibre reinforcement)
- Co-Cr     Pd     Au

**porcelain bonded**

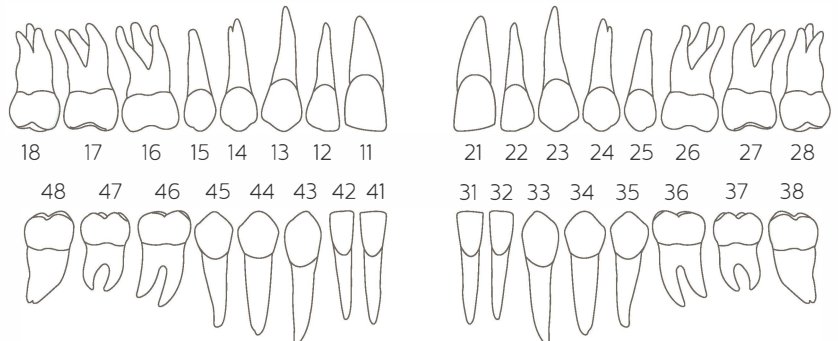
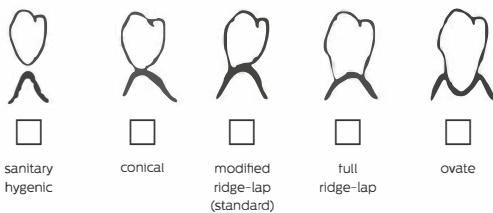
- TO NON PRECIOUS (Co-Cr)
- TO SEMI PRECIOUS (Pd)
- TO PRECIOUS, Gold (Au)
- Porcelain butt margin on \_\_\_\_\_
- Pink porcelain on \_\_\_\_\_

**margin design (porcelain bonded only)**

-  No metal showing
-  Metal margin lingual/palatal (standard)
-  Metal margin all around by \_\_\_\_\_ mm (standard 0.4mm)
-  Metal backing lingual/palatal
-  Metal backing with metal palatal cusp
-  Porcelain only buccal

*lab use only*
**shade use vita guide**


Please specify using C / B / V / I / O codes


**pontic design**


- This is a remake case
- New/Old components enclosed \_\_\_\_\_

**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

# crown & bridge NHS

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

*notes*

*lab use only*

CROWN **C**     BRIDGE **B**     VENEER **V**     INLAY **I**     ONLY **O**

Please specify under instructions using C / B / V / I / O codes

**full metal**

TO NON-PRECIOUS (Co-Cr)  
\*(inlay/onlay) independent only

**metal free**

COMPOSITE

**porcelain bonded**

TO NON-PRECIOUS (Co-Cr)

**post and core**

INTEGRAL   
 SEPERATE 

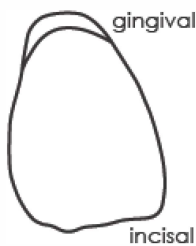
(Co-Cr only on NHS)

**maryland bridge**

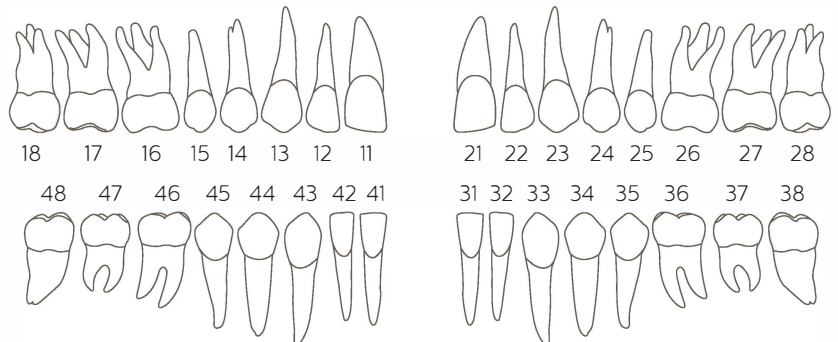
PORCELAIN BONDED  
 COMPOSITE BONDED  
 ACRYLIC BONDED

(Co-Cr only on NHS)

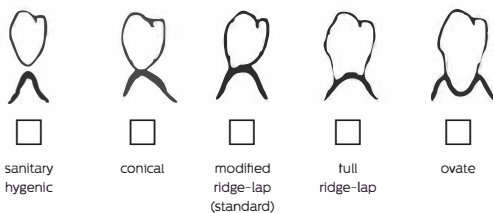
**shade** use vita guide



Please specify using C / B / V / I / O codes



**pontic design**



This is a remake case  
 New/Old components enclosed \_\_\_\_\_

**instructions**

IMPRESSION STERILISED  
WITH \_\_\_\_\_ BY \_\_\_\_\_

Dr. \_\_\_\_\_ Practice Name \_\_\_\_\_ Acct. No: \_\_\_\_\_

Post Code \_\_\_\_\_ Tel/Mobile \_\_\_\_\_ GDC No: \_\_\_\_\_

# prosthetic NHS

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

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- Finish U / L Date \_\_\_\_\_
- Straight to Finish U / L Date \_\_\_\_\_



**denture type**

**ACRYLIC**

**Co-Cr**

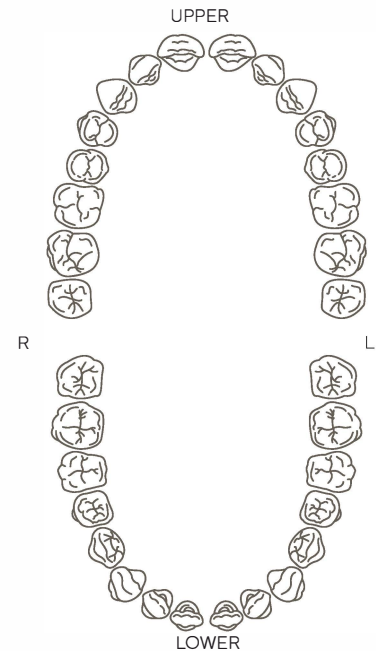
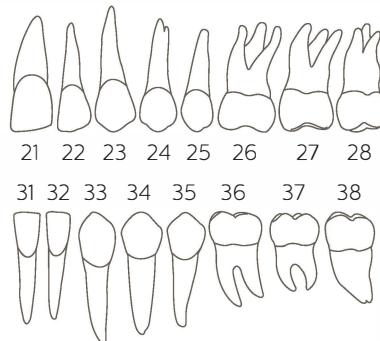
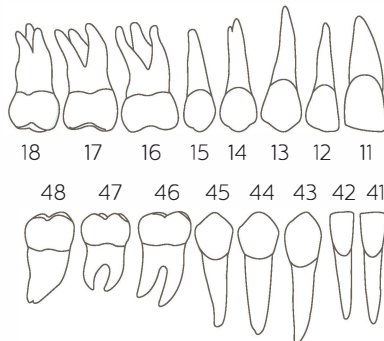
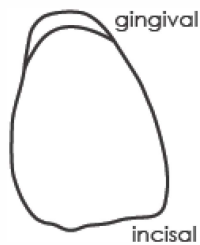
**\*FLEXIBLE**

\* Flexible denture optional can only be done PRIVATE

**extract tooth**

- @ try in \_\_\_\_\_
- @ finish \_\_\_\_\_
- clasp on \_\_\_\_\_

**shade** use vita guide



- BLEACHING TRAY \_\_\_\_\_
- NIGHT GUARD (SOFT) \_\_\_\_\_
- MICHIGAN / TANNER (HARD INVESTED) \_\_\_\_\_
- NIGHT GUARD (HARD AND SOFT) \_\_\_\_\_
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- RELINE \_\_\_\_\_
- REBASE \_\_\_\_\_
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

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- New/Old components enclosed

**instructions**

Tell us about if/when any root extraction.

IMPRESSION STERILISED  
WITH \_\_\_\_\_ BY \_\_\_\_\_