

CROWN & BRIDGE PRESCRIPTION

Job No. _____

Disinfected



Surgeon & Address

A custom made device for the exclusive use of:
 Patient

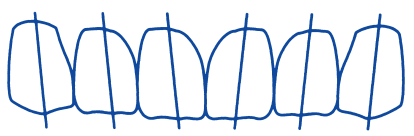
Please tick service required:

Private NHS

Date Required Please date day before appointment

Staining & Characteristics

Shade:

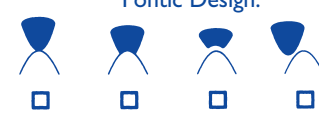


8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8


8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Tooth Surface:
 Smooth Medium Rough

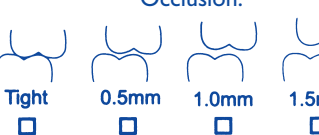
Pontic Design:



Collar and Metal Design:



Occlusion:



CROWN & BRIDGE WORK

| | CAD-CAM | Non-Precious | Precious |
|--|--------------------------|--------------------------|--------------------------|
| Porcelain Bonded Crown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Porcelain Bonded Bridge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-precious crown silver | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33% + Silver Crown | | | <input type="checkbox"/> |
| 33% + Yellow Crown | | | <input type="checkbox"/> |
| 60% + Yellow Crown | | | <input type="checkbox"/> |
| Inlay 60% + yellow | | | <input type="checkbox"/> |
| Post & Core | | <input type="checkbox"/> | <input type="checkbox"/> |
| Maryland Bridge (Sand blasted, etched) | | <input type="checkbox"/> | |
| Rochette Bridge (Sand blasted, etched) | | <input type="checkbox"/> | |

METAL FREE RESTORATIONS

Zirconia

E-Max

Composite

Porcelain Veneer - to cover natural coloured teeth

Porcelain Veneer - for mildly discoloured teeth

Porcelain Veneer - for severe discolouration

PJC

Porcelain Inlay

Dentine Bonded Crown

Temp. Crowns/Bridges

IMPLANTS - all systems accepted

| | |
|--|----------------------------------|
| Straumann <input type="checkbox"/> | Astra <input type="checkbox"/> |
| 3i <input type="checkbox"/> | Ankylos <input type="checkbox"/> |
| Nobel Biocare <input type="checkbox"/> | Bicon <input type="checkbox"/> |
| Neoss <input type="checkbox"/> | Other <input type="checkbox"/> |
| Bio-Horizons <input type="checkbox"/> | |

LABORATORY USE ONLY

THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED WITHIN THE UK

CONTRACT

When signed for release, this device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42) EEC. If there are any essential requirements not met these will be stated. This statement does not apply to repairs etc. of a pre-manufactured appliance. The laboratory will manufacture the appliance as per the prescription, it is the prescribers responsibility to ensure that the prescription is completed correctly and complies to dental regulations.

Rubber Imp. Crown to shade match Face bow

Alignate Bite registration Implant component

Study model Photograph Other

Approved for manufacture by: _____ Released by: _____

Metal Work _____ Weight _____

Ceramist _____