



<p>1 Surgeon</p> <input type="text"/> <p>Surgery</p> <input type="text"/>	<p>Patient Name/ID</p> <input type="text"/> <p>Sex Age</p> <p>M <input type="checkbox"/> F <input type="checkbox"/> <input type="text"/></p>	<p>Appointment date & time</p> <input type="text"/> <p>Cosmetic (symetrical) <input type="checkbox"/></p> <p>Aesthetic (asymetrical) <input type="checkbox"/></p> <p>Implant system <input type="text"/></p>
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2 Photographs Labtrac Portal Lab visit Included E-mailed bdtleeds@icloud.com

3 Articulation & registration

Face bow Bite registration Custom guidance table Stick bite

Articulator type

Putty index Soft tissue manipulation

4

Shade

Stump shade

Stains & Characterisation

Fissure Stain

Dark

Medium

Light

None

Technician call back request

Review of requirements.
Approved for manufacture by.

...../...../.....

Final inspection
Approved for release by.

...../...../.....

Gold Used Gold weight

Impressions Models Other

5 Restoration Type & Further Instructions

Please ensure all sections have the relevant information submitted. Failure to do this may result in delays

Section check list: **1** **2** **3** **4** **5**

This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant general safety and performance requirements specified in annex 1 of the MEDICAL DEVICES DIRECTIVE (93/42/eec) and the UK MEDICAL DEVICES REGULATIONS.

Any relevant essential requirements not met are listed overleaf. Keep away from the extremities of heat and cold



All restorations leave the laboratory in a non-sterile condition.