

GOLD START

PORC START

DATE LEAVING LAB

PRESCRIPTION FORM
PLEASE TICK AS
APPROPRIATE ☐



Source Dental Laboratory
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Lancashire

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SOURCE DENTAL
LABORATORY

SURGEON'S NAME & ADDRESS Preparation Date _____ Delivery Date _____ Date & Time of Fit _____ Shade _____	PATIENT'S NAME Instructions _____ <div style="text-align: center;"> <div style="display: inline-block; width: 40%; border-left: 2px solid black; height: 100px; position: relative;"> R L </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> NHS <input type="checkbox"/> STANDARD <input type="checkbox"/> PRIVATE </div> </div>																			
PATIENTS DETAILS Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female LUSTRE - <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High TYPE OF RESTORATION <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Crown</div> <div style="width: 50%;"><input type="checkbox"/> Gold Shell / Inlay</div> <div style="width: 50%;"><input type="checkbox"/> Bridge</div> <div style="width: 50%;"><input type="checkbox"/> Post & Core</div> <div style="width: 50%;"><input type="checkbox"/> Implant</div> <div style="width: 50%;"><input type="checkbox"/> Maryland</div> <div style="width: 50%;"><input type="checkbox"/> Veneer</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> Implant Type _____ MARGINS <input type="checkbox"/> Conventional VMK <input type="checkbox"/> Metal Band Cervically <input type="checkbox"/> Labial Porcelain Butt Fit	LAB USE ONLY Date Received _____ Contents _____ Date In _____ Job No. _____ <small>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 essential requirements specified in Annex 1 of the medical devices directive (93/42/EEC) and the United Kingdom Medical Devices Regulations SI 1994 No. CAO16473</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Gold Technician No. Units Completed</td> <td colspan="2">Pricing (Lab use only)</td> </tr> <tr> <td style="height: 100px; vertical-align: bottom;">Weight _____</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Porcelain Technician No. Units Completed</td> <td colspan="2"></td> </tr> <tr> <td>QUALITY CHECK Authorised for release</td> <td colspan="2"></td> </tr> <tr> <td>Date _____</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td colspan="2"></td> </tr> </table>	Gold Technician No. Units Completed	Pricing (Lab use only)		Weight _____			Porcelain Technician No. Units Completed			QUALITY CHECK Authorised for release			Date _____			TOTAL		
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