



**LABORATORY PRESCRIPTION**

Prescribing Dentist and Practice Address:	Important please enter your Dentist ID Number Only here:	JOB No:
	Date dispatched:	Date required: <small>(Please specify date before appointment)</small>
Custom made medical service for the exclusive use of patients name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Age	BIN No: <input type="text"/> SHADE <input type="text"/>

PRIVATE <input type="checkbox"/>	INDEPENDENT <input type="checkbox"/>	NHS <input type="checkbox"/>
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When signed in this box by Athena Dental Laboratory, this device conforms to the relevant essential requirements, (unless shown differently overleaf) of the medical devices directive and is the statement of that purpose.

Prescribing Dentist's signature: \_\_\_\_\_

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

CHARTING: PLEASE CIRCLE RELEVANT

RUBBER IMP

SQUASH BITE

ALIGNATE IMP

STUDY MODELS

OTHER

WEIGHT OF METAL

**Ceramic Work**

- Bonded Crown Non-precious.....
- Bonded Bridge Non-precious.....
- Bonded Crown Precious.....
- Bonded Bridge Precious.....
- Implant Abutment.....
- Veneer Vita Alpha.....
- Maryland Bridge.....
- Extra Wing.....
- Porcelain Margin.....

**Procera**

- Alumina 0.6mm Crown.....
- Alumina 0.4mm Crown.....
- Zirconia Crown.....
- Zirconia Bridge.....

**Empress**

- Crown.....
- Veneer.....
- Inlay.....

**Metal Crown**

- Inlay  Onlay
- Full  Silver  Gold

**Gradia Composite**

- Crown .....
- Metal Supported .....
- Metal Supported Bridge .....
- Inlay .....
- Laminate Veneer .....
- Maryland Bridge .....
- Onlay .....

**Sundries**

- Articulation.....
- Diagnostic Wax Up.....
- Implant Work.....
- Shade Taking.....

CASE INSTRUCTIONS

PRESCRIBING DENTISTS SIGNATURE: \_\_\_\_\_

CONTRACT REVIEWED AND ACCEPTED ORDER SUBJECT TO SIGHT OF POSITIVE MODEL

SIGNED..... DATE.....

<b>QUALITY CONTROL C &amp; B</b>		PRESC. READ	MADE BY	CHECKED	AUDIT
	MODELS				
	DIE TRIM				
	WAX				
	FINISHED METALWORK				
	PORCELAIN				
	FINISH				
	COMP/ACRY/OTHER				

<b>FINAL INSPECTION</b>	SIGNATURE	DATE

ESSENTIAL REQUIREMENTS NOT MET

REF NO:	REASONS