PLEASE KEEP TICKET DRY

No.

Hall Dental Studio
smiles by design

Norfolk House | 430 Buxton Road | Stockport SK2 7JQ
Tel: 0161 747 4795 | e: info@halldentalstudio.co.uk
www.halldentalstudio.co.uk

1. DENTIST DETAILS

SURGEON:

PRACTICE:

2. PATIENT

SURNAME:

FORENAME:

MALE ☐ FEMALE ☐ AGE:

3. PREP DATE

4. SENT DATE

5. RETURN DATE

Not the appontment date. Please refer to the working times below.

6. TYPE OF RESTORATION

Metal Ceramic

Gold ☐ Precious ☐ Non-Precious ☐

All Ceramic

Emax ☐ Zirconia ☐ Other ☐ (please state)

Implant

System used:

Other: please provide details

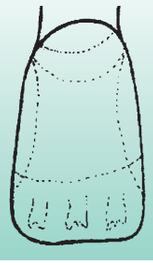
7. SHADE (3D Master/Vita)

Shade to be taken at lab ☐

10. STUMP SHADE

(If All ceramic)

8. EFFECT



9. WORKING TIMES

6 units or less
7 working days in lab excluding return date.

7 units or more
8 working days in lab excluding return date.

Implant and Full Mouth Rehab
10 working days in lab excluding return date.

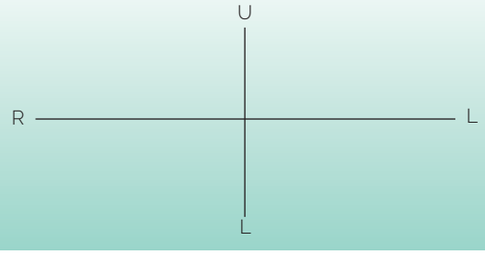
Express Service
5 day express service charge applies at an additional 25% per unit cost (by arrangement and must be pre-booked)

11. STANDARD Please tick clearly

Premier Quality ☐
Private Quality ☐

Premier applies to all Smile Design and BACD cases, or any Private cases of 6 anterior units or more.

12. NOTATION



SILICONE IMPS

	UPPER	LOWER
DR CHECKLIST		
LAB CHECKLIST		

ALGINATE IMPS

	UPPER	LOWER	MODEL
DR CHECKLIST			
LAB CHECKLIST			

BITE REGISTRATION

	WAX BITE	BITE STICK	FACE BOW
DR CHECKLIST			
LAB CHECKLIST			

13. PHOTOS SUPPLIED

USB ☐ Email ☐
(please forward ASAP)

SPECIAL INSTRUCTIONS AND NOTES

Please tick if you require a statement of conformity for the patient ☐

OFFICE USE ONLY

APPROVED FOR MANUFACTURE BY:

APPROVED FOR RELEASE BY:

LAB / JOB No.

UCERAM KISS	BOOKED IN BY	INGOT SHADE
CERCON KISS	MODEL TECH	GOLD USED
DUCERAM LOVE	SUBSTRUCTURE	WEIGHT
EMAX CERAM	SUB CON TO	
ALL CERAM	PORCELAIN	TOTAL
OTHER	DISPATCH	

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT: This is a custom-made medical device. It has been manufactured to satisfy the design characteristics and properties specified by the prescriber for this patient. The medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. Reg. No. CA009535. All custom-made devices are supplied in a non-sterile condition.

HEALTH & SAFETY COMPLIANCE
As per COSHH Regulations and BDA guidance, please ensure all impressions are suitably disinfected before passing them to the laboratory.