

CROWN	<input type="checkbox"/>
BRIDGE	<input type="checkbox"/>
INLAY <input type="checkbox"/> ONLAY	<input type="checkbox"/>
VENEER	<input type="checkbox"/>

Dentist's Stamp	
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Material	
NON - PRECIOUS BONDED	<input type="checkbox"/>
ALL METAL NP/NPG	<input type="checkbox"/>
COMPOSITE	<input type="checkbox"/>
FULL ZIRCONIA	<input type="checkbox"/>
IPS E-MAX	<input type="checkbox"/>
OTHER (Please specify in notes)	<input type="checkbox"/>

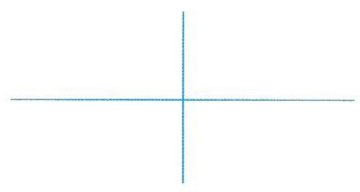
Prep Date	/	/	
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Return Date	/	/	
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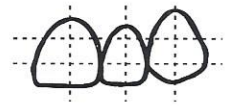
Patient Surname	
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Patient Forename	
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NHS <input type="checkbox"/>	PRIVATE <input type="checkbox"/>
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Tooth


Notes	
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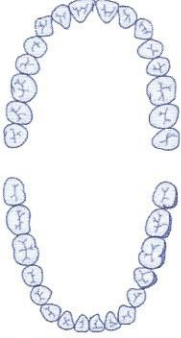
Shade


<p><b>When signed in this box</b> This device conforms to the relevant essential requirements set out in annex of the Medical Device Directive (93/42/EEC). Any essential requirements not met are listed over.</p>
Signed



# Thistle Dental Lab

134 Crown Street Aberdeen AB11 6HQ  
 E: enquiries@thistledentalab.co.uk T: 01224 590 503

Prescribing Dentist:				This appliance is for the exclusive use of Patient																																			
				Unique Lab No:																																			
Device Description (custom made non sterile):				<table border="1" style="width: 100%; text-align: center;"> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table>				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
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																								
NHS		IND		PRIV	Office Use Only																																		
Bite Date:				Denture			Tech	Check																															
				No Teeth																																			
Try-in Date:	Shade		Mould:	Models																																			
Instructions: 				Bite																																			
				Set-up																																			
				Re-set																																			
				Finish																																			
				Clasps																																			
				L/Bar																																			
				Sh/A/Trays																																			
Re-try Date:				No XLS																																			
				Gauze																																			
				Soft-Base																																			
				Tooth Type																																			
Finish Date:				Shade																																			
				Mould																																			
When signed in this box This device conforms to the relevant essential requirements set out in annexe of the Medical Device Directive (93/42/EEC). Any essential requirements not met are listed over.				Ch/Mould																																			
				CH/Shade																																			
Signed:				<hr style="width: 100%;"/>																																			