



Head Office: Robert Street, Hindsford, Atherton, Manchester. M46 9AS.
 Telephone: 08700 46 7000 Fax: 01942 887404

IT IS VERY IMPORTANT THAT CLIENTS FILL IN ALL SHADED AREAS IN THE SECTION BELOW.

SURGEON & ADDRESS

TELEPHONE No.

PATIENT

PLEASE TICK SERVICE REQUIRED BELOW

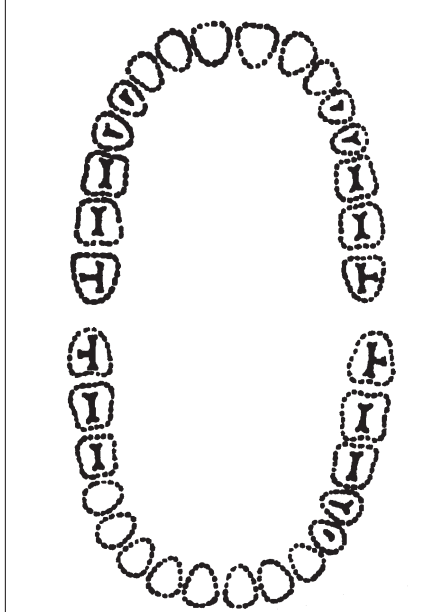
PRIVATE	<input type="checkbox"/>	INDEPENDENT	<input type="checkbox"/>
----------------	--------------------------	--------------------	--------------------------

CASE TYPE	UPPER	LOWER
ACRYLIC DENTURE	<input type="checkbox"/>	<input type="checkbox"/>
* CHROME & ACRYLIC	<input type="checkbox"/>	<input type="checkbox"/>
* CHROME ONLY	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL D	<input type="checkbox"/>	<input type="checkbox"/>
IVOCAP	<input type="checkbox"/>	<input type="checkbox"/>
SWISSEIDENT	<input type="checkbox"/>	<input type="checkbox"/>

FOR OFFICE USE ONLY

ACCOUNT NUMBER	<input type="checkbox"/>	IMPS SENT	<input type="checkbox"/>
	<input type="checkbox"/>	BITES SENT	<input type="checkbox"/>
	<input type="checkbox"/>	MODELS SENT	<input type="checkbox"/>
JOB NO.	<input type="checkbox"/>	BITE REG SENT	<input type="checkbox"/>

DESIGN NOTATION



* IF A SPECIFIC DESIGN IS REQUIRED FOR CR/CO PLEASE ILLUSTRATE ABOVE OR ON PRELIMINARY MODEL.

IN THE ABSENCE OF INSTRUCTIONS WE ASSUME THAT YOU REQUIRE US TO USE THE MOST APPROPRIATE DESIGN AND THAT THIS WILL BE ACCEPTABLE.

IF REQUIRED WE WILL DRAW A DESIGN ON YOUR MODEL AND WILL RETURN IT FOR YOUR APPROVAL.

PROSTHETICS CHROME



TRAY/DESIGN

DELIVERY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

BITE

DELIVERY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

TRY-IN

DELIVERY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

SHADE	MOULD
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

RE-TRY IN

DELIVERY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

FINISH INSTRUCTIONS

DELIVERY DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

NOTE: DELIVERY DATES ARE THE DATES FOR DELIVERY OF THE WORK INTO THE SURGERY