



The Ultimate Dental Laboratory Ltd

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Start Date: **Finish Date**

Dentist Name (In full)

Dentist GDC No:

Surgery Address

STANDARD SILVER PRIVATE

Patient Name

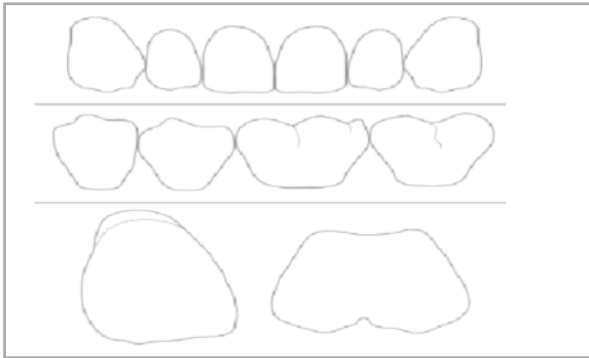
Patient PO No/Ref:

Age Sex M / F Authorised by:

Surgery Check Box
Imps disinfected Date Instructions Shade Bite Reg U & L Imps

Shade Required Stump shade

Shade/Stain + effects required



Design Requirements

- | | | | | | | |
|---------------------------------|--|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---|
| Glaze | Occlusal Contact | Occlusal Staining | Cervical Staining | Proximal Contacts | Interproximal Contacts | Alloy Requirements & Design |
| Normal <input type="checkbox"/> | 0.5mm Clearance <input type="checkbox"/> | Non <input type="checkbox"/> | None <input type="checkbox"/> | Closed <input type="checkbox"/> | Closed <input type="checkbox"/> | 180 Lingual Metal Collar <input type="checkbox"/> |
| Matt <input type="checkbox"/> | No Contact <input type="checkbox"/> | Light <input type="checkbox"/> | Light <input type="checkbox"/> | Medium <input type="checkbox"/> | Natural <input type="checkbox"/> | 360 No Metal Showing <input type="checkbox"/> |
| High <input type="checkbox"/> | Light Contact <input type="checkbox"/> | Medium <input type="checkbox"/> | Medium <input type="checkbox"/> | Heavy <input type="checkbox"/> | Open <input type="checkbox"/> | Metal Occlusion <input type="checkbox"/> |
| | Full Contact <input type="checkbox"/> | Heavy <input type="checkbox"/> | Heavy <input type="checkbox"/> | | | Porcelain Shoulder <input type="checkbox"/> |
| | | | | | | 360 Metal Collar <input type="checkbox"/> |
| | | | | | | Metal Backing <input type="checkbox"/> |

Client Comment Area

Client Comment Area
Metal Try-In Date Biscuit Try-In Date

Porcelain

- Bonded Crowns: Yellow Gold
- Precious
- Non-Precious
- Bonded Bridges: Yellow Gold
- Precious
- Non-Precious
- Maryland Bridge
- Rochette bridge
- Porcelain Veneer
- Porcelain Veneer 360
- Porcelain Inlay

Gold

- Gold shell 60%
- Yellow Alloy Semi-Prec
- Non Prec
- Gold Shell Silver Alloy Semi-Prec
- Non Prec
- Inlay 60%
- Post & Core**
- Precious
- Non precious

Composite

- Crown
- Veneer
- Bridge
- Inlay
- Maryland
- Emax**
- Crowns
- Bridges
- Inlay
- Veneer

Etkon: Zerion / Coron

- Zerion:** Crowns
- Bridge
- Inlay
- Veneer
- Coron:** Crowns
- Bridges

Diagnostic Wax Up

- Prep Model
- Prep Stent
- Pull Down

Implants

- Stock Abutments
- Cast on Abutments
- Ceramic Abutments
- Impression Copings



Laboratory Use Only

Card checked in by:
No ofimps:
Date checked in: / /
Squash:
Enclosures:

Tech Cast: No ofimps:

Models Checked by:

Date: / /

Metal Checked by:

Date: / /

Final Inspection by:

Date: / /

Technicain Comment Area

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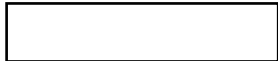
NON STERILE ITEMS ENCLOSED

This is a custom-made device for the exclusive use of the above patient. This device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive Any essential requirements not met will be indicated.

www.ultimate-lab.co.uk

Payment is due within 30 days of invoice

Lab Card No



MHRA Reg No: CA005203