



The Ultimate Dental Laboratory Ltd

40 Liverpool Road, Formby, L37 6BZ Tel: 08458 230 230

technical@ultimate-lab.co.uk

Start Date: Dentist GDC No:

Dentist Name (In full)

Surgery Address

STANDARD SILVER PRIVATE

Patient Name

Patient PO No/ Ref:

Age Sex M / F Authorised by:

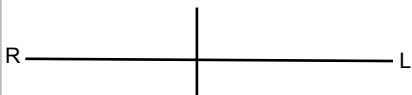
Job Description

Bleaching Tray U L Study Models U L

Dual Hard/soft Night Guard U L Soft Night Guard U L Hard Night Guard U L

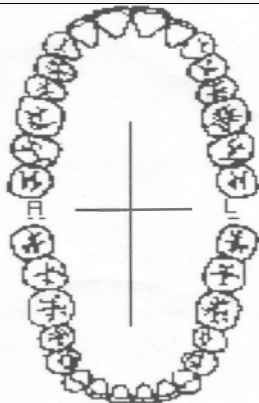
Denture Type: If not specified it will be assumed acrylic
Acrylic: U L SR Ivocap U L Chrome U L Valplast U L

TEETH REQUIRED ON DENTURE



TEETH TO BE EXTRACTED

Please also make tooth with an 'x' on model



General Comments / Instructions

Lab Card No

Payment is required within 30 days of invoice.



MHRA Reg No: CA005203

Special Trays U <input type="checkbox"/> L <input type="checkbox"/> Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	Technician Comments: <input type="text"/>
Bite U <input type="checkbox"/> L <input type="checkbox"/> Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	Technician Comments: <input type="text"/>
Copy Technique U <input type="checkbox"/> L <input type="checkbox"/> Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	Technician Comments: <input type="text"/>
Chrome: U <input type="checkbox"/> L <input type="checkbox"/> Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	Technician Comments: <input type="text"/>
Try in (Shade required) Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area SHADE PLEASE	Technician Comments: <input type="text"/>
Retry Instructions: Date: <input type="text"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	Technician Comments: <input type="text"/>
Miscellaneous Instructions <input type="text"/>		
Finish Date: <input type="text"/> Dups U <input type="checkbox"/> L <input type="checkbox"/> Imps disinfected: <input type="checkbox"/>	Dentist Comment Area	WD <input type="checkbox"/> GP <input type="checkbox"/>

Laboratory Use Only

Card Checked in by: Date Checked in: / /

No of imps: Squash:

Enclosures:

Stage 1
Tech Cast: Date: No of imps:

Stage 2
Checked in by: Date: No of imps:

Tech Cast: Date: No of imps:

Stage 3
Checked in by: Date: No of imps:

Tech Cast: Date: No of imps:

Stage 4
Checked in by: Date: No of imps:

Tech Cast: Date: No of imps:

Models Checked by:
Signature Required

Date: / /

Final Inspection by:
Signature Required

Date: / /

Laboratory Billing section

R L

Special Trays U L Retry

Copy Models Clasps:Roach

Hi-Impact C Clasps

Contour & Stippling Ball

Soft Lining Immediates

Duplicates

H/CBases

Name Tags

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