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Lab Use Only:			
Job Number:			
Date Received:_	/	/	
Technician:			

THIS DEVICE IS NON-STERILE

DENTIST NAME:PRACTICE NAME:				
PATIENT NAME/ID:	POST CODE:			
DATE SENT: / / RETURN DATE: / /	_(AT LEAST 1 DAY BEFORE APPOINTMENT)			
2 SERVICE: NHS PRIVATE 7 PRIVATE 5				
3 RESTORATION TYPE: ☐ INLAY ☐ ONLAY ☐ VENEER	☐ CROWN ☐ BRIDGE			
<pre> WATERIAL TYPE: NHS only: COMPOSITE (Gradia Plus) NHS ZIRCONIA (Crown Only) FULL METAL Non-precious (Co-Cr, Crown only - silver colour) Precious (Au □ 60% or □ 40%)</pre>	Private Only: COMPOSITE (Gradia Plus) E.MAX (Cad/Cam) ZIRCONIA Full Contour ZIRCONIA Multilayer ZIRCONIA with Porcelain Overlay FULL METAL Non-precious (Co-Cr, silver colour only) Precious (Au 60% or 40%)			
/ R —	14 13 12 11 21 22 23 24 25 26 27 28 L 31 32 33 34 35 36 37 38 L			
PRESSURE FORMED APPLIANCES:	ADDITIONAL: TEMPORARY CROWN/BRIDGE WAX UP STUDY MODEL Upper Lower			