

## Order Form

Dentist: \_\_\_\_\_

Surgery: \_\_\_\_\_

Patient/ID: \_\_\_\_\_

Return Date: \_\_\_\_\_

Turnaround: ☐ Normal (10 days) ☐ Express (50% surcharge)

Level of Service: ☐ NHS ☐ Insurance ☐ Private

### Instructions:

Charting:

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### MOUTHGUARDS

**Note – please also supply opposing impression**

- ☐ Senior (for Basketball, Skateboarding, Motor Racing etc.)
- ☐ Senior Elite (for Boxing, MMA, Water Polo etc.)
- ☐ Senior Pro (for Rugby, Stick Sports etc.)
- ☐ Junior (age 9-14 for non-contact sports eg Skateboarding)
- ☐ Junior Elite (for Boxing, MMA, Water Polo etc.)
- ☐ Junior Pro (for Rugby, Stick Sports etc.)

Select colour:

- |  |                                       |   |
|--|---------------------------------------|---|
| 1 <input type="checkbox"/> Transparent | 8 <input type="checkbox"/> Black      | 15 <input type="checkbox"/> Blue Opaque |
| 2 <input type="checkbox"/> Neon Red    | 9 <input type="checkbox"/> White      | 16 <input type="checkbox"/> Green       |
| 3 <input type="checkbox"/> Neon Green  | 10 <input type="checkbox"/> Pink      | 17 <input type="checkbox"/> Lilac       |
| 4 <input type="checkbox"/> Neon Yellow | 11 <input type="checkbox"/> Red       | 18 <input type="checkbox"/> Light Blue  |
| 5 <input type="checkbox"/> Blue        | 12 <input type="checkbox"/> Turquoise | 19 <input type="checkbox"/> Bordeaux    |
| 6 <input type="checkbox"/> Yellow      | 13 <input type="checkbox"/> Gold      |   |
| 7 <input type="checkbox"/> Orange      | 14 <input type="checkbox"/> Silver    |   |

- ☐ Funky Colours (randomly mixed)
- ☐ Custom Graphic (supply attachment via email)

### Trays and Models

- ☐ Dual Laminate Nightguard ☐ Soft Nightguard ☐ Study Models
- ☐ Essix Retainer(s) (Scalloped to Gingiva) ☐ Special Tray(s)
- ☐ Essix Retainer(s) (Non-Scalloped) ☐ Bleaching Tray(s)

☐ Please tick to confirm impressions have been sterilised at dental surgery.

This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations. This medical device has not been sterilised / disinfected by the dental laboratory. **ORIGIN OF MANUFACTURE DECLARATION:** This complete appliance has been wholly manufactured within the EU. **PREScriBER FEEDBACK:** To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

Job no. \_\_\_\_\_

### CROWN & BRIDGE

#### Emax

- ☐ Crown ☐ Bridge
- ☐ Veneer ☐ Inlay/Onlay

#### Zirconia

- ☐ Crown ☐ Bridge ☐ Maryland Bridge
- ☐ Monolithic Crown

#### Composite

- ☐ Crown ☐ Inlay/Onlay ☐ Veneer

#### Temporaries

- ☐ Crown ☐ Bridge

#### Porcelain Bonded to Metal

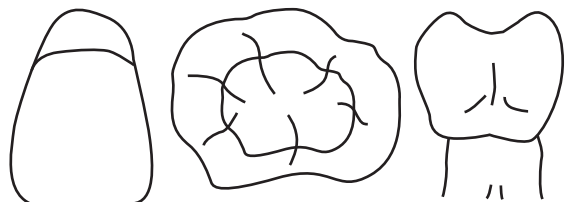
- ☐ Precious ☐ Non-Precious
- ☐ Crown ☐ Bridge ☐ Maryland Bridge

#### Metal Only

- ☐ Precious ☐ Non-Precious
- ☐ Full Gold Crown ☐ Gold Inlay/Onlay
- ☐ Full White Crown ☐ White Inlay/Onlay
- ☐ Post and Core

#### Main Shade

#### Core/Prep Shade



#### Occlusal Staining

- ☐ None ☐ Light ☐ Medium ☐ Heavy

#### Pontic Design



- ☐ Modified ☐ Ridge Lap ☐ Bullet ☐ Hygienic

Received by \_\_\_\_\_ Date: / / Signed out by \_\_\_\_\_ Date: / /