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CASE NUMBER

CASE FORM

Prescribing Dentist Name
 Clinic Name/Address:

Custom made devices for the exclusive use of
 (patients' name)

Private

NHS

CROWN AND BRIDGE

- | | |
|---|---|
| PBC / NP <input type="checkbox"/> | MARYLAND BRIDGE <input type="checkbox"/> |
| Porcelain Bridge NP <input type="checkbox"/> | 1 Wing <input type="checkbox"/> |
| | 2 Wings <input type="checkbox"/> |
| <u>Inlay / onlay</u> | <u>Post/ Core</u> <input type="checkbox"/> |
| Non- Precious <input type="checkbox"/> | |
| Precious 60% <input type="checkbox"/> | <u>Composite Inlay / Onlay</u> <input type="checkbox"/> |
| <u>Full Metal Crown</u> | |
| Non- Precious <input type="checkbox"/> | <u>IPS E MAX</u> |
| Precious 60% <input type="checkbox"/> | Crown <input type="checkbox"/> |
| Zirconia Single Unit <input type="checkbox"/> | Venner <input type="checkbox"/> |
| Zirconia Bridge Unit <input type="checkbox"/> | Inlay / Onlay <input type="checkbox"/> |

Shade

PROSTETICS

- Special tray
- Bite & Special Tray
- Bite
- Try In
- Retry
- Finish

OTHER

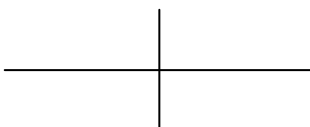
- | | |
|--|--------------------------------------|
| Bleaching Trays <input type="checkbox"/> | Night Guard <input type="checkbox"/> |
| Sport Guard <input type="checkbox"/> | Ortho. Appl <input type="checkbox"/> |

CHROME / COBALT

- Date required
- Laboratory Design / Design enclosed

Additional information

CHARTING



Statement: This is a custom-made device for the exclusive use of the above named patient and conforms to the basic requirements of the Medical devices Directive 93/42/EEC and must be used in accordance with the Practitioners;s instructions. N.B. Keep away from extreme heat and cold.
 Content not sterile.