

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____
 Surgery: _____

2

No patient personal data



Your Case Reference: _____ Initials: _____

**CROWN
& BRIDGE**
NHS

3

Delivery date Always give us 12 full working days
 (d/m/y) ____ / ____ / ____ = 1 working day before the real appointment

Lab use only

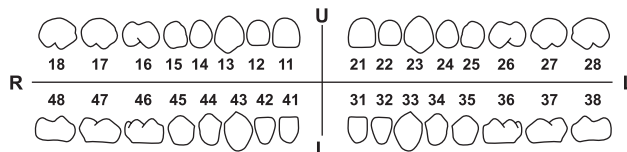
- ☐ **Crown** or ☐ **Bridge** number of units: _____
☐ porcelain bonded
☐ Zirconia Uniblock (one shade only, glaze only no stain)
☐ Full metal (Co - Cr /silver colour)
☐ Composite
- ☐ **Maryland Bridge** number of Wings: _____
☐ **Inlay** or ☐ **Onlay**
☐ Composite
☐ Zirconia Uniblock (one shade only)
☐ Full metal (Co - Cr /silver colour)
- ☐ **Post & Core** (metal only)
☐ Integral 
☐ Separate 
- ☐ **Veneer**
☐ Composite

4

Shade
Use VITA guide









(please tick)



5

Margin(for porcelain bonded)

- ☐  No metal margin
☐  Metal margin lingual / palatal (=standard)
☐  Metal all around by ____ mm(standard< 0.2 mm)
- ☐  Metal backing
☐  Metal backing +metal palatal cusp
☐  Porcelain facing only

I have disinfected the impression with: _____
 by: _____

**NHS
Only**

6

NHS

Please always check the impression before sending. Poor impression may be liable to a minimum handling charge of £10.

* There is an additional cost for requesting delivery before 12pm
 All the appliances will be fit on the cast based on the impression.