CeramDent
Laboratory

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MHRA: 8680 www.ceramdent.co.uk

Please fill in CAPITAL

CROWN & BRIDGE NHS

1

Dr. _____ (name) Post Code: _____

Surgery: _____

2

No patient personal data

Your Case Reference: _____ Initials: _____

Delivery date Always give us 12 full working days

(d/m/y) ___ / ___ / ___ = 1 working day before the real appointment

Lab use only

3

☐ **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

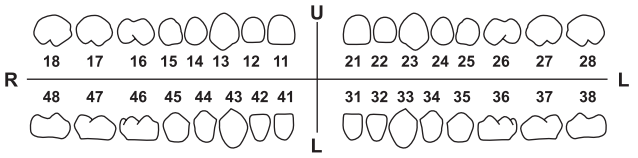
☐ **Veneer**

_____ ☐ 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

6

I have disinfected the impression with:_____

by: _____

NHS Only

NHS

Pleas always check the impression before sending. Poor impression may be liable to a minimum handeling 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.