

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____

Surgery: _____

2

No patient personal data

Your Case Reference: _____

**CROWN
& BRIDGE**
NHS

Delivery date

(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

☐ **PFM Maryland Bridge** number of Wings: _____

- ☐ **Inlay** or ☐ **Onlay**
- ☐ Composite
- ☐ Zirconia Uniblock (one shade only)
- ☐ Full metal (Co - Cr /silver colour)

☐ **Post & Core** (metal only)

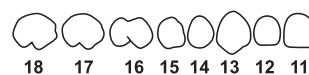
- ☐ Integral 
- ☐ Separate 

4

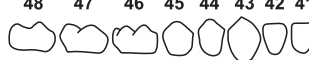
Shade



(please tick) R

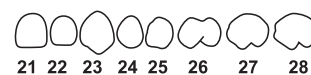


18 17 16 15 14 13 12 11



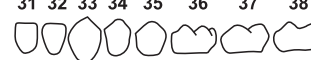
48 47 46 45 44 43 42 41

U



21 22 23 24 25 26 27 28

L



31 32 33 34 35 36 37 38

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

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