Making You Smile
BJM
Dental Laboratory LTD.
Est. 2017

A5 Ground Floor
Restmor Way, SBC House
Wallington, SM6 7AH

020 8614 0784

bjmdentallab@yahoo.com

@bjmdentallaboratoryltd

Case No: _____

Surgery Ref: _____

Date: _____

CROWN & BRIDGE

PRACTICE DETAILS

☐ NHS/Standard ☐ Private

Prescribing Dentist: _____

Practice Name: _____

Address: _____

_____

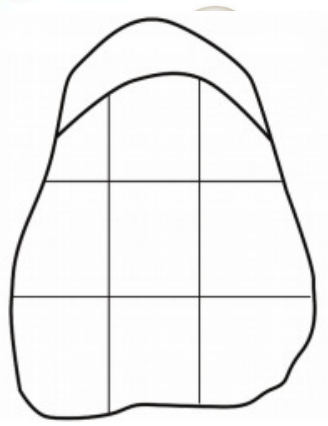
Phone: _____

Email: _____

Patient Name / ID: _____

SHADE INFORMATION

Shade:



☐ Use enclosed shade tab
☐ Photograph(s) provided
☐ Match adjacent
☐ Custom characterisation (please specify)

_____

TYPE OF RESTORATION (please tick)

e.max Crown / Veneer	☐
Zirconia Crown / Bridge – Full Contour	☐
Zirconia Crown / Bridge – Layered	☐
Porcelain Fused to Metal (PFM) Crown / Bridge	☐
Maryland Bridge	☐
Composite Bonded to Metal	☐
Composite Crown	☐
Acrylic Temporary Crown	☐
Full Metal Crown	☐
Metal Inlay / Onlay	☐
Post & Core	☐
Porcelain Margin	☐
Diagnostic Wax Up	☐
Other (please specify) _____	☐

ALLOY TYPE (please tick)

☐ Precious
☐ Non Precious (Silver)
☐ Non Precious (Gold)
☐ N/A

STAINING (please tick)

☐ None
☐ Light
☐ Medium
☐ Dark
☐ Custom (please specify) _____

IF NOT ENOUGH CLEARANCE (please tick)

☐ Adjust Opposing Tooth
☐ Make Metal Occlusion
☐ Reduction Coping
☐ Other (please specify) _____

ADDITIONAL INSTRUCTIONS / NOTES

Return Date:
Please allow 8 working days

Invoice: £

We will manufacture this device to the relevant essential requirements set out in Annex 1 of the Medical Device Directive (93/42/EEC) and (BS EN ISO 13485).

KEEP AWAY FROM EXTREMES OF HOT AND COLD

NEED A COLLECTION? | Call us | Email us | Daily collections available throughout South London & Surrey

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REASONI FOR NON CONFORMANCE

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Case No:

Surgery Ref: _____

Date: _____

DENTURE & ORTHO

PRACTICE DETAILS

Prescribing Dentist: _____

Practice Name: _____

Address: _____

_____

_____

Patient Name / ID: _____

TREATMENT STAGE (PLEASE TICK & DATE)

Bite	Special Tray	Try In	Retry	Finish
☐	☐	☐	☐	☐
Date:	Date:	Date:	Date:	Date:

DEVICE REQUIRED / SPECIAL INSTRUCTIONS

Statement: this device conforms to the relevant essential requirements set out in annex 1 of the medical device directive (93/42/EEC) and (BS EN ISO 13485). If there any essential requirements not met they shall be listed below.

CASE INFORMATION

☐ NHS/Standard ☐ Private

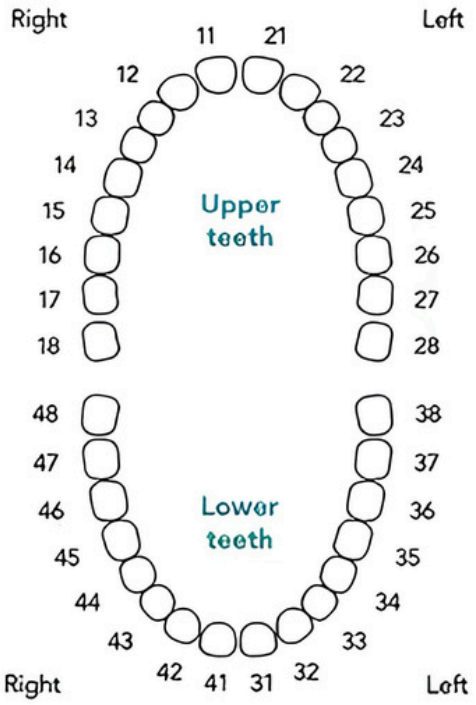
_____

☐ CO/CR

☐ Flexible Denture

☐ Orthodontic Appliance

TOOTH CHART



BJM ORTHODONTIC PROMOTION

Duplicate Appliance Offer

☐ Please provide a second appliance at **50% OFF**

Must be prescribed at the same time as the original appliance.

INVOICE £

ESSENTIAL REQUIREMENTS NOT MET	REASON FOR NON CONFORMANCE

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