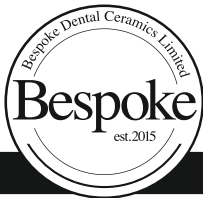


# Bespoke Dental Ceramics Limited

Implant and All - Ceramic Specialists

Apy Hill Lane, Tickhill, Doncaster, DN11 9PE

Tel: (01302) 842877 E-mail: admin@bespoke-dental.com



## IMPLANT, CROWN & BRIDGE PRESCRIPTION

Practice: .....

Surgeon: .....

Patient: .....

Date of Impression/Scan: .....

Fit Date: ..... Time: .....

Shade: ..... Prep Shade: .....

Images - WhatsApp (Date): ..... ☐

Images - Email (Date): ..... ☐

Upper Right								Upper Left							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Lower Right								Lower Left							

(please circle) **BESPOKE / BUDGET**

### IMPLANTS

Screw Retained: ..... ☐ Cement Retained: ..... ☐

(Please select your restoration material below)

Platform & Size: .....

Custom CAD Abutment: ..... ☐

### ALL-CERAMIC

Zirconia Crown/Bridge/Inlay/Veneer: ..... ☐

Zirconia Maryland: ..... ☐

Lithium Disilicate Crown/Bridge/Inlay/Veneer: ..... ☐

Composite Crown/Bridge/Inlay/Veneer: ..... ☐

Temporary PMMA ..... ☐

### TRADITIONAL

Porcelain Bonded Crown/Bridge: ..... ☐

Post & Core: ..... ☐

Maryland: ..... ☐

Gold Crown/Bridge/Inlay/Veneer: ..... ☐

60% ☐ 40% ☐ NPG ☐

Silver Crown/Bridge/Inlay/Veneer: ..... ☐

Palladium ☐ NPM ☐

### ANCILLARIES

Diagnostic Wax Up: ..... ☐

Printed Model / Study Model: ..... ☐

Whitening Tray: ..... ☐

Clear Retainer: ..... ☐

Nightguard: ..... ☐

Re-etch: ..... ☐

### Special Instructions

### Disinfected by:

**Your attention is drawn to the following statement:** This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished of an individual patient's use.

**Storing, handling and instructions for use:** It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with material, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

**Origin of Manufacture Declaration:** This complete appliance has been wholly fully manufactured within the UK.

**Prescriber Feedback:** To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

### Laboratory Use Only

Job No. ....

Route & Date Received:

Digital: ☐ Postal: ☐ Driver: ☐

Items Received:

File ☐ Silicone ☐ Alginate ☐ Bite ☐ Model ☐

Previous Job: ☐

Reason for Remake: ☐

Outsourced:

Sent - Where: ☐ When: ☐

Received Back: ☐ Satisfactory: ☐

	Made By	Approved By
Model		
Stage 1 (Prep)		
Stage 2 (Finish)		

Date Completed:	Delivery Route:
Product:	
Bespoke <input type="checkbox"/> Budget <input type="checkbox"/> Price:	
Material Used:	
Special Instructions:	



British Academy of  
Cosmetic Dentistry  
FULL MEMBER



British Dental Technology  
Oral & Implant Prosthetics Production



DAMAS  
Dental Solutions  
Dental Solutions  
Dental Solutions

