



t : 0115 940 9217
m : 07534 119977
e : info@appledentalceramics.co.uk

Sterling House
59 Loughborough Road
West Bridgford
Nottingham
NG2 7LA



t : 0115 940 9217
m : 07534 119977
e : info@appledentalceramics.co.uk

Sterling House
59 Loughborough Road
West Bridgford
Nottingham
NG2 7LA

Unique Case Number	Metal Ceramic Bonded Crown <input type="checkbox"/> Bonded Bridge <input type="checkbox"/> Cast or 3/4 Crown <input type="checkbox"/> Gold Inlay <input type="checkbox"/> Etch retained wing <input type="checkbox"/> Post and core <input type="checkbox"/> Implant <input type="checkbox"/> Study Models <input type="checkbox"/>	All Ceramic High Aesthetic Zirconia <input type="checkbox"/> Full Contour Zirconia <input type="checkbox"/> e.Max + Zirconia Cr / Br <input type="checkbox"/> UltraZi Bleached Zirconia <input type="checkbox"/> e.Max Crown / Inlay / Veneer <input type="checkbox"/> Implant - Cement Retained <input type="checkbox"/> Implant - Screw Retained <input type="checkbox"/> Composite Inlay / Veneer <input type="checkbox"/>				
Practice Address :						
Prescribing Dentist's name :	Denture Acrylic <input type="checkbox"/> Chrome <input type="checkbox"/> Implant Retained <input type="checkbox"/> Vertex flexi Denture <input type="checkbox"/>	Other Clear Aligner <input type="checkbox"/> Smile Design Wax Up <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Soft Splint <input type="checkbox"/>				
This device is for the exclusive use of Patient's Name :						
Gender: <input type="checkbox"/> Age: <input type="text"/>	Notation					
Shade :	Upper Right	Upper Left				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	Lower Right	Lower Left				
Level of service Standard <input type="checkbox"/> Independent <input type="checkbox"/> Private <input type="checkbox"/> Express <input type="checkbox"/> Express-Plus <input type="checkbox"/>	Special Instructions :					
Completed work required by : Day before appointment please						
Spec. Tray						
Bite						
Try-In	<i>Official use</i>	Items supplied : Upper <input type="checkbox"/> Lower <input type="checkbox"/> Triple Tray <input type="checkbox"/>				
Re Try-In						
Finish	This device conforms to essential requirements in Annex one of the medical device directive and this is a statement for that purpose. Any requirements not met are identified above and clearly marked as such. MIRA Reg. No. CA6522					

Unique Case Number	Metal Ceramic Bonded Crown <input type="checkbox"/> Bonded Bridge <input type="checkbox"/> Cast or 3/4 Crown <input type="checkbox"/> Gold Inlay <input type="checkbox"/> Etch retained wing <input type="checkbox"/> Post and core <input type="checkbox"/> Implant <input type="checkbox"/> Study Models <input type="checkbox"/>	All Ceramic High Aesthetic Zirconia <input type="checkbox"/> Full Contour Zirconia <input type="checkbox"/> e.Max + Zirconia Cr / Br <input type="checkbox"/> UltraZi Bleached Zirconia <input type="checkbox"/> e.Max Crown / Inlay / Veneer <input type="checkbox"/> Implant - Cement Retained <input type="checkbox"/> Implant - Screw Retained <input type="checkbox"/> Composite Inlay / Veneer <input type="checkbox"/>				
Practice Address :						
Prescribing Dentist's name :	Denture Acrylic <input type="checkbox"/> Chrome <input type="checkbox"/> Implant Retained <input type="checkbox"/> Vertex flexi Denture <input type="checkbox"/>	Other Clear Aligner <input type="checkbox"/> Smile Design Wax Up <input type="checkbox"/> Bleaching Tray <input type="checkbox"/> Soft Splint <input type="checkbox"/>				
This device is for the exclusive use of Patient's Name :						
Gender: <input type="checkbox"/> Age: <input type="text"/>	Notation					
Shade :	Upper Right	Upper Left				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	Lower Right	Lower Left				
Level of service Standard <input type="checkbox"/> Independent <input type="checkbox"/> Private <input type="checkbox"/> Express <input type="checkbox"/> Express-Plus <input type="checkbox"/>	Special Instructions :					
Completed work required by : Day before appointment please						
Spec. Tray						
Bite						
Try-In	<i>Official use</i>	Items supplied : Upper <input type="checkbox"/> Lower <input type="checkbox"/> Triple Tray <input type="checkbox"/>				
Re Try-In						
Finish	This device conforms to essential requirements in Annex one of the medical device directive and this is a statement for that purpose. Any requirements not met are identified above and clearly marked as such. MIRA Reg. No. CA6522					