

PLEASE DO NOT STAPLE INSIDE THIS BOX



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SPECIALISTS IN IMPLANTS, CROWNS & BRIDGES

PROSTHETICS & ORTHODONTICS		
NHS <input type="checkbox"/>	PRIVATE <input type="checkbox"/>	PREMIER <input type="checkbox"/>



DENTAL SURGEON:
GDC NUMBER:
SURGERY:
PATIENT:
AGE: **IMPRESSION DATE:** / /

Please Tick ✓

SPLINTS -		RETAINERS		DENTURES	
Soft	<input type="checkbox"/>	Acrylic	<input type="checkbox"/>	New	<input type="checkbox"/>
Hard	<input type="checkbox"/>	Cobalt Chrome	<input type="checkbox"/>	Tooth Addition	<input type="checkbox"/>
Soft-Hard	<input type="checkbox"/>	Flexible (Valplast)	<input type="checkbox"/>	Clasp Addition	<input type="checkbox"/>
Michigan	<input type="checkbox"/>	Implant Retained	<input type="checkbox"/>	Repair	<input type="checkbox"/>
Essix	<input type="checkbox"/>	Lingualbar	<input type="checkbox"/>	Reline	<input type="checkbox"/>
Fixed Bonded	<input type="checkbox"/>			Clean	<input type="checkbox"/>

Please ensure delivery date is at least one day prior to fitting

DISINFECTED BY: **DATE:** / /

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Please Tick ✓

BITE BLOCKS

SPECIAL TRAY HOLES

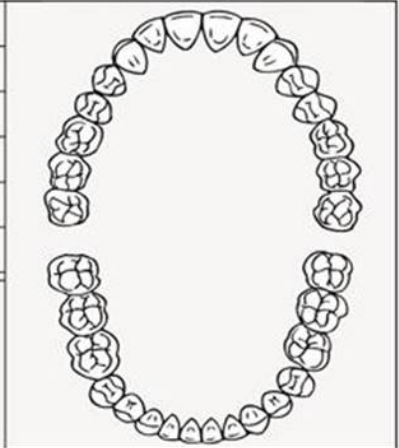
ITEMS ENCLOSED: **IMPRESSION** **MODEL** **BITE** **OTHER**

DELIVERY DATES:

BITE / SPECIAL TRAY: **TRY IN:** **RE-ENTRY:** **FINISH:**

CLASPS	RESETS	PART	FULL
		PART	FULL

SHADE:
.....



NOTES:

TOTAL INVOICE:

BITE / SPECIAL TRAY: **TRY IN:** **RE-ENTRY:** **FINISH:**

FOR LABORATORY USE ONLY:
 Accepted for manufacturing by:

Final quality checked by: