

Dr _____ Date _____

Address _____

Patient _____ Sex _____ Age _____

Return Date _____ Job number (lab only) _____

CASE INSTRUCTIONS

Shade: _____ **Stump Shade:** _____

Occlusal Staining: Heavy ☐ Med ☐ Light ☐ None ☐

Pontic design: Modified ☐ Saddle ☐ Hygienic ☐ Conical ☐ Ovate ☐
Ridge-lap Ridge-lap

Product number: **Implant manufacturer:** _____
Implant size: _____

Check occlusal contacts ☐ Inter proximal contacts ☐ Shade ☐ **Sign off:** _____

Total cost: _____

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 patient. This medical device is intended for exclusive use by the patient and Conforms to the relevant essential requirements specified in annex1 of the medical devices and the United Kingdom Medical Devices Regulation

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