Crown & Bridge Lab Ticket

MHRA **CA10040**

Dental Laboratories Association
Registered Member

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Leca Dental Laboratory

PRESCRIBING DENTIST:

Surgery:

Tel: Email:

PATIENT NAME:

Age: MALE ☐ FEMALE ☐

Start Date:

Required Date:

NHS ■ PRIVATE ■

- ☐ NON PRECIOUS POST & CORE
- ☐ PRECIOUS POST & CORE (ALLOY EXTRA)
- ☐ NP SHELL
- ☐ SILVER ☐ GOLD
- ☐ 40% PRECIOUS SHELL (PALE GOLD)
- ☐ 60% GOLD INLAY/ONLAY/SHELL (ALLOY EXTRA)
- ☐ PRECIOUS BONDED CROWN (ALLOY EXTRA)
- ☐ PRECIOUS BONDED BRIDGE (ALLOY EXTRA)
- ☐ NON PRECIOUS BONDED CROWN
- ☐ NON PRECIOUS BRIDGE
- ☐ MARYLAND BRIDGE
- ☐ DIAGNOSTIC WAX UP

ALL CERAMIC RESTORATIONS

- ☐ FULL CONTOUR ZIRCONIA CROWN POSTERIOR ONLY
- ☐ ZIRCONIA CROWN
- ☐ ZIRCONIA BRIDGE
- ☐ IPS E.MAX CROWN
- ☐ IPS E.MAX BRIDGE
- ☐ IPS E.MAX VENEER
- ☐ IPS E.MAX INLAY
- ☐ IPS E.MAX ZIRPRESS CROWN (HIGH STRENGTH)
- ☐ IPS E.MAX ZIRPRESS BRIDGE (HIGH STRENGTH)
- ☐ PORCELAIN INLAY
- ☐ FELDSPATIC VENEER

PREPARED TOOTH COLOUR
(STUMP-SHADE)

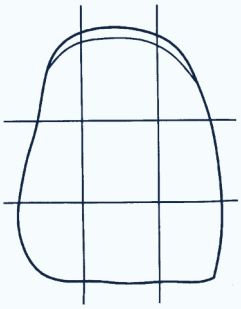
SHADE REQUIRED

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

MATERIALS PROVIDED

- ☐ BITE REG
- ☐ ALIGINATE
- ☐ STUDY MODELS
- ☐ FACEBOW REG
- ☐ PARAPOST
- ☐ RUBBER BASE
- ☐ PHOTOS
- ☐ OTHER

SPECIAL INSTRUCTIONS



EXPRESS SERVICE REQUIRED? Yes ☐ No ☐

FOR LABORATORY USE ONLY

This is a Custom Made Device for the exclusive use of the above named patient. When signed in these boxes, the device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC) unless stated otherwise on this document.

Quality Control							
Date							