



Leca

Dental Laboratory

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PRESCRIBING DENTIST:

Surgery: _____

Tel: _____ Email: _____

PATIENT NAME:

Age: _____ MALE FEMALE

Start Date:

ABUTMENTS

TITANIUM ABUTMENT

ZIRCONIA ABUTMENT

TI ATLANTIS ABUTMENT

ZI ATLANTIS ABUTMENT

GOLD SHADED ATLANTIS ABUTMENT

CUSTOM MADE ABUTMENT

MILLING OF STOCK ABUTMENT

ZIRCONIA IMPLANT CROWN

ZIRCONIA IMPLANT BRIDGE

SCREW RETAINED IMPLANT ZIRCONIA CROWN

SCREW RETAINED IMPLANT ZIRCONIA BRIDGE

E.MAX IMPLANT CROWN

E.MAX IMPLANT BRIDGE

SCREW RETAINED IMPLANT E.MAX CROWN

SCREW RETAINED IMPLANT E.MAX BRIDGE

RESTORATION

CEMENT RETAINED IMPLANT BONDED CROWN

CEMENT RETAINED IMPLANT BONDED BRIDGE

SCREW RETAINED IMPLANT BONDED CROWN

SCREW RETAINED IMPLANT BONDED BRIDGE

PROSTHETICS

FIXED IMPLANT BAR

FIXED IMPLANT BAR REMOVABLE PROSTHETICS

F/- OR -/F DENTURE ON IMPLANT BAR OR ATTACHMENTS

CHROME FRAME WORK

RADIOGRAPHIC STENT (IVOCLAR TEETH)

DRILLED SURGICAL STENT

PULL DOWN STENT

ESSIX-DENTURE TOOTH TEMPORARY

LAB PUTTY INDEX

DENAR ARTICULATION

VERIFICATION JIG

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

SPECIAL INSTRUCTIONS

IMPLANT SYSTEM _____

TYPE _____

PLATFORM _____

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							