Prosthetics Lab Ticket
MHRA **CA10040**

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Hillington Industrial Estate
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PRESCRIBING DENTIST:

Surgery:

Tel: Email:

PATIENT NAME:

Age: MALE ☐ FEMALE ☐

Start Date:

Required Date:

NHS ☐ PRIVATE ☐

DEVICE REQUIRED

Acrylic	U ☐ L ☐
Full	U ☐ L ☐
Partial	U ☐ L ☐
Chrome Cobalt	U ☐ L ☐
Valplast	U ☐ L ☐
Orthodontic	U ☐ L ☐

TEETH TO BE EXTRACTED

R L

TEETH REQUIRED ON DENTURE

R L

U L

MAKE OF TEETH	SHADE	MOULD

REQUIREMENTS		Delivery date
Special Trays	U ☐ L ☐	
Bites	U ☐ L ☐	
Try-In	☐	
Re-Try	☐	
Finish	☐	

Finish With:

Hi-Impact U ☐ L ☐ Gum Staining U ☐ L ☐ Clear Palate U ☐ L ☐

CHROME COBALT

Plate ☐ Skeletal ☐ Lingual Bar ☐ Horse Shoe ☐

CLASPS RESTS BACKINGS ONLAYS

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 this box, the device conforms to the relevant essential requirments set out in Annex 1 of the Medical Devices Directive (93/42/EEC) unless stated otherwise on this document.

	Models	Bite/Tray	Try-In	Retry	Retry	Finish
Tech						
Inspected						