



**A-Ceramics Ltd
Dental Laboratories**

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Prescribing Dentist's Name and Clinic Address:

Tel:

Custom made device for the exclusive use of:

Patient's name:

Age:

Today's date:

To be returned on:

JOB INSTRUCTIONS:

☐ Superior

☐ Intermediate

☐ Standard

INDICATE ENCLOSURES:

☐ Upper Rubber

☐ Lower Rubber

☐ Upper Alginate

☐ Lower Alginate

☐ Wax Bite

☐ Photos

PORCELAIN TO METAL RESTORATIONS

- ☐ Porcelain Bonded Crown
☐ Porcelain Bonded Bridge
☐ Maryland Bridge
☐ Implant

INDICATE BONDING ALLOYS REQUIRED

- ☐ Non Precious
☐ Semi Precious
☐ Yellow Precious
Implant System Used:

METAL FREE RESTORATIONS

- ☐ Veneer
☐ Inlay
☐ E-Max High Strength All Ceramic Crown
☐ E-Max High Strength All Ceramic Bridge Unit
☐ E-Max High Strength All Ceramic Veneer
☐ E-Max High Strength All Ceramic Inlay

- ☐ Zirconia Crown/Bridge/Layered Porcelain
☐ Zirconia Solid
☐ Metal Free Maryland Bridge
☐ Temporary Acrylic Crown/Bridge

PREP SHADE



SHADE



GOLD RESTORATIONS

- ☐ Post and Core
☐ Full/3/4 Shell Crown
☐ Gold Inlay

INDICATE GOLD ALLOYS REQUIRED

- ☐ Non Precious
☐ Yellow Semi Precious
☐ Yellow 60% Precious

MISCELLANEOUS

- ☐ Bleaching Tray ☐ Mouthguard ☐ Study Models



When signed in this box by A-Ceramics Ltd the device(s) meet the relevant essential requirements (unless shown differently overleaf) of the Medical Devices Directive and this is a statement for that purpose. Keep away from extremes of heat and cold.

Signed:

LAB USE ONLY

1	2	3	4	IN	OUT
5	6	7	8		