Send to:
Precision Dentacare,
Unit 11, Haugh Lane Industrial Estate,
Hexham, Northumberland, NE46 3PU
Telephone: 01434 607755
Facsimile: 01434 606865
e-mail: dentacare@btopenworld.com

Precision Dentacare

PRESCRIPTION FORM

ORDER FROM:-

Surgeon .....

Address .....

.....

Postcode ..... Tel:.....

Patient's Name .....

Job. No. .....

The enclosed items have been cleaned and disinfected/sterilised in accordance with professionally recognised guidelines at the surgery

Signature: _____ Date: _____

Private ☐ Independent ☐ Standard ☐

DELIVERY DATES BELOW SHOULD BE THE DAY BEFORE PATIENTS APPOINTMENT

Prosthetics ☐ Make ..... Mould.....

	SP Trays			
Chrome Cobalt ..... ☐	Bite			
Orthodontics..... ☐	Try In			
Crown & Bridge..... ☐	Re-Try			
SHADE	Re-Try			
	Finish			

Bonded Prec. Crown ☐
Bonded Non-prec. Crown ☐
Bonded Prec. Bridge ☐
Bonded Non-prec Bridge ☐
Veneer ..... ☐
Composite Inlay..... ☐
E.Max ..... ☐
Zirconia..... ☐

Maryland Bridge..... ☐
Non-prec. Silver Coloured Crown ☐
Non-prec. Metal Post..... ☐
Precious Metal Post..... ☐
Precious Silver Coloured Crown.. ☐
Precious Gold Coloured Crown . ☐
60%+ Gold Crown ..... ☐

DAMAS
Dental Appliance Manufacturers Audit Scheme

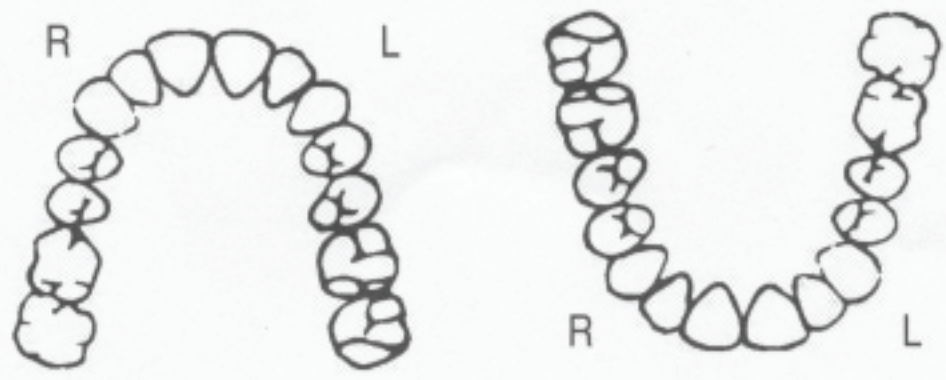
THE DENTAL LABORATORIES ASSOCIATION LIMITED

INSTRUCTIONS

1st Stage

2nd Stage

3rd Stage



4th Stage

This is a custom made device for the exclusive use of the Patient named above.

FINAL INSPECTION

Sign ..... Date.....

FOLD

Your attention is drawn to the following statement: 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 named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.

Medical Devices Reg. No. CA007607