

# TOOTH ART STUDIO

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Name of prescriber / Address:

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Custom made device for the exclusive use of: (patient/ID)

**CROWN & BRIDGE**

Disinfected By Surgery  By Lab

Private Case No/ID

Date sent Delivery Date NHS

**Express Service Required** Yes  No  (+25% Charge)

Time Schedule - Min. 10 working days (Please do not include collection/delivery day, weekends, bank holidays.)

**LAB USE ONLY**

|                    |                        |
|--------------------|------------------------|
| Box                | Bite / Denture / Crown |
| Date               | Models / Photo         |
| Imp / Digital Scan | Approval               |

**RESTORATION TYPE**

Crown  Veneer  Study Model

Bridge  Post  Diagn. wax-up

Inlay/onlay  Maryland  Temporary Cr.

Night Guard  Bleach. Tr  Essix Retainer

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28  
R 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38 L

**Shade:**  
**Stamp shade:**

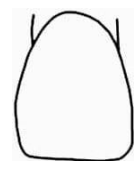
**MATERIAL TYPE**

Porcelain bonded  Zir. full contour

Composite  Zir. layered

3D Printed model  Ips e-max full cont.

Full metal  Ips e-max layered



**ALLOYS**

Non-precious  Gold

Semi-precious  Other: \_\_\_\_\_

**IMPLANT WORK**

Implant Brand: \_\_\_\_\_ Screw retained

Implant System: \_\_\_\_\_ Cement retained

Platform size: Custom abutm.

|                    |                                 |                |   |
|--------------------|---------------------------------|----------------|---|
| Occlusal staining: | None <input type="checkbox"/>   | Margin design: | Lingual metal collar <input type="checkbox"/> |
|                    | Light <input type="checkbox"/>  |                | Metal collar 360 <input type="checkbox"/>     |
|                    | Medium <input type="checkbox"/> |                | Palatal metal <input type="checkbox"/>        |
|                    | Heavy <input type="checkbox"/>  |                | Show no metal <input type="checkbox"/>        |
|                    |                                 |                | Porcelain margin <input type="checkbox"/>     |

Custom made appliance approved for release by: \_\_\_\_\_ Date: \_\_\_\_\_ £ \_\_\_\_\_.

*Your attention is drawn to the following statement:*

This is a **custom-made** dental appliance 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 applicable general safety and performance requirements** specified in the UK & EU Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

*Storing, handling and instructions for use:*

It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

ORIGIN OF MANUFACTURE DECLARATION. This complete appliance has wholly manufactured within the UK & EU.

PRESCRIBER FEEDBACK: To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE  
By sending this prescription you agree to our terms and conditions