TOOTH ART STUDIO

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Name of prescriber / Address:

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

CROWN & BRIDGE

Date sent	Date required	NHS	Private	Case No/ID

Restoration Type

Crown ☐	Veneer ☐	Implant ☐
Bridge ☐	Post ☐	Diagn. wax-up ☐
Inlay/onlay ☐	Maryland ☐	Temporary Cr. ☐

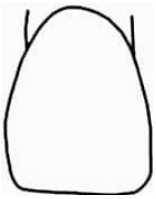
LAB USE ONLY	
Box	Bite
Date	Denture/Crown
Imp	Photo
Models	Approval

Material type

Porcelain bonded ☐	Zir. full contour ☐
Composite bonded ☐	Zir. layered ☐
Composite full ☐	Ips e-max full cont. ☐
Full cast ☐	Ips e-max layered ☐

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

Shade:
Stump shade:



Alloys

Non-precious ☐	Gold ☐
Semi-precious ☐	Other: _____ ☐

Implant work

Implant Brand: _____	Screw retained ☐
Implant System: _____	Cement retained ☐
Platform size: _____	Custom titan ab. ☐
	Custom zir ab. ☐

Occlusal staining: None ☐ Light ☐ Medium ☐ Heavy ☐

Margin design: Lingual metal collar ☐ Metal collar 360 ☐ Palatal metal ☐ Show no metal ☐ Porcelain margin ☐

Custom made appliance approved for release by: _____ Date: _____

Dental Appliance Information and Delivery Note	TOOTH ART STUDIO Dental Laboratory

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 general safety and performance requirements** specified in Annex I of 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 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