



## **Empress Dental Laboratory Ltd**

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Surgeon Name & Prac	tice		Pa	tient Name/	ID
		Age		М	F
Service Level NHS	PRIVATE	Date of Prep	aration		
Rest	oration				
Emax Crown/Veneer Zirconia Crown/bridge ( Full Monolithic) Zirconia Crown/bridge ( Layered Porcelain) Diagnostic wax up Porcelain bonded to metal crown Maryland/Rochette bridge	Full Non-precious Cr Full Gold Crown Composite crown/in Mouthguard/Bite rai Bleaching tray Vacuum formed Reta	lay ser/Gum Shield			
	Instruc	tions			
Shade					

This custom made device conforms to the relevant essential requirement as set out in Annex 1 of the medical devices directive (93/42/EEC), and is for the exclusive use of the above named patient by the prescribing dental surgeon. Do not expose this custom made dental device to extremes of temperature

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	Items Received				Case No.			
Silicone Imp	U	L			Box No.			
Alginate Imp	U	L			Date Received			
Model	U	L			Approved for Manufacture			
Other	U	L			Final Inspection			
Model		CAD/CAM	Wax up	N	Metal Work Ceramics Lab Fee		Lab Fee	