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## **PRESCRIPTION SHEET**

NHS / PRIVATE:

(Please circle)

CLINICIAN:

PRACTICE:

PATIENT NAME:

DATE RECEIVED: ..... / ..... / .....

DATE DELIVERED: ..... / ..... / .....

(Please make sure the delivery date is at least one day before the patient's appointment)

## **ENCLOSURES**

IMPRESSION(S)

MODEL(S)

BITE REG

COMPONENT(S)

OTHER

SCAN(S)

## **OUR SERVICES**

3D MODEL

ALIGNER

ANTI-SNORING DEVICE

ARTIFICIAL EYE

BLEACHING TRAY

BODY PROSTHESIS

DENTURES

DIAGNOSTIC WAX-UP

ESSIX RETAINER

FACIAL PROSTHESIS

KELOID SPLINT

MOUTHGUARD

NASAL SPLINT

REMOVABLE APPLIANCE

OBTURATOR

SPECIAL TRAY

OTHER



(Please refer to our pricelist for more options)

## **INSTRUCTIONS**

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(Please Note: By completing this prescription sheet the above named clinician is agreeing to our Terms & Conditions.)

LABORATORY USE ONLY				
Laboratory Ref:	Date in:	Contract Review:	Date Manufactured:	Completed by: