

PRESCRIPTION FORM

PRESCRIBING DENTIST:

6 MILLENNIUM WAY WEST, NOTTINGHAM

PRACTICE NAME:

NG8 6AS TEL: 0115 670 1077

PATIENT NAME/NUMBER:

WWW.GODIGITAL-DENTAL.COM

APPOINTMENT DATE & TIME:

AGE:

GENDER:

NOTATION:

CROWN
BRIDGE
INLAY

IMPLANT
VENEER
ONLY

ALL CERAMIC RESTORATION - LAYERED UNITS

IPS EMAX ART LAYERED UNIT
ZIRCONIA ST ART LAYERED UNIT

IMPLANTS

TITANIUM ABUTMENT
SCREW RETAINED LAYERED UNIT
SCREW RETAINED FULL CONTOUR UNIT
PLACEMENT JIG

ALL CERAMIC RESTORATION - FULL CONTOUR UNITS

IPS EMAX FULL CONTOUR UNIT
ZIRCONIA FULL CONTOUR UNIT
VITA TRILUXE UNIT
EMPRESS MULTI CAD UNIT

TREATMENT PLANNING

STUDY MODELS
ARTICULATION
WAX UP
PMMA
VERIFICATION JIG
SCREW RETAINED BITE BLOCKS
LARGE CASE PLANNING

COMPOSITES & TEMPS

TRADITIONAL COMPOSITE UNIT
REINFORCED COMPOSITE 3 MTHS +
PMMA TEMPORARY UNIT 0-3 MTHS

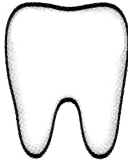
METALWORK

60% GOLD SHELL UNIT

--

SHADE

--



SHADE APPT REQUIRED
PATIENT PHONE NO
APPOINTMENT DATE

NOTES:

OFFICE USE ONLY

ANALOGUE ORDERED ON:			
DR ACCOUNT		GDD ACCOUNT	
ANGLED SCREW		STRAIGHT	
IMPLANT MANUFACTURER			
DRIVER TYPE			
TORQUE VALUE			

OUT OF LAB DETAIL

DATE OUT		DATE IN	
DATE OUT		DATE IN	
DATE OUT		DATE IN	
DATE OUT		DATE IN	
DATE OUT		DATE IN	

CASE NUMBER		RECEIVED		DELIVERED		INVOICED		DESPATCH	
MODEL REVIEW		FIRST STAGE		SECOND STAGE		THIRD STAGE		FOURTH STAGE	
RUBBER IMP		ALGINATES		STUDY MODELS		BITE REG		OTHER	
