

Finish



t: 0115 940 9229 e: info@gdclab.co.uk w: gdclab.co.uk

clearly marked as such. MHRA Reg. No. CA010336

3 Court Street Nottinghham NG7 5DT

Unique Case Number Metal Ceramic All Ceramic Bonded Crown Full Contour Zirconia Cr / Br Bonded Bridge Full Contour Zir Inlay / Veneer Practice Address: e.Max + Zirconia Crown Cast or 3/4 Crown Gold Inlay e.Max + Zirconia Bridge Etch retained wing e.Max Crown / Inlay / Veneer Post and core Implant - Cement Retained Study models Implant - Screw Retained Diagnostic wax up Composite Inlay / Veneer Prescribing Dentist's name: Miscellanious Denture Acrylic Smile Design Chrome Bleaching Tray Implant Retained Soft Splint This device is for the exclusive use of: Patient's Name: Vertex flexi Denture (Royal Mail) Special Delivery Notation Gender: Age: Shade: **Special Instructions:** Level of service Standard Independent Private Express-Plus Express Completed work required by: Day before appointment please Spec. Tray Bite Official use Items supplied: Upper Lower Tripple Tray Try-In Re Try-In This device conforms to essential requirements in Annex one of the medical devices directive and this is a statement for that purpose. Any requirements not met are identified above and





t: 0115 940 9229 e: info@gdclab.co.uk w: gdclab.co.uk 3 Court Street Nottinghham NG7 5DT

Unique Case Number	Metal Ceramic		All Ceramic								
	Bonded C	rown	Full Contour Zirconia Cr / Br								
	Bonded B	ridge F	Full Contour Zir Inlay / Veneer								
Practice Address :	Cast or 3/4 Crown		e.Max + Zirconia Crown e.Max + Zirconia Bridge e.Max Crown / Inlay / Veneer Implant - Cement Retained Implant - Screw Retained								
	Gold Inlay Etch retained wing Post and core Study models										
						Diagnostic wax up		Composite Inlay / Veneer			
						Prescribing Dentist's name :	Denture		Misc	ellanio	ous
							Ac	rylic		Smile	Design
	Chr	rome		Bleachi	ng Tray						
This device is for the exclusive use of:	Implant Reta	ined		So	ft Splint						
Patient's Name :	Vertex flexi Der		(Royal Mail)	Special I	Delivery						
	Notation										
	Upper Right			Up	per Left						
Gender: Age:											
Shade:											
	T D.: -L.s			T	т.а						
	Lower Right			LOW	er Left						
Level of service	Special Instructions :										
Standard Independent Private											
i i i i i i i i i i i i i i i i i i i											
Express Express-Plus											
Completed work required by											
Completed work required by : Day before appointment please											
Spec. Tray											
Bite											
Try-In	Official use	Items suppl	ied: Upper	Lower	Tripple Tray						
,											
Re Try-In		This device con	nforms to essential	requiremen	nts in Annex one						
		of the medical	devices directive a	nd this is a	statement for tha						
Finish	purpose. Any requirements not met are identified above										