

LABORATORY PRESCRIPTION

32 SWANMORE ROAD, RYDE
ISLE OF WIGHT PO33 2TG.

TEL/FAX: (01983) 562161

CUSTOM MADE MEDICAL DEVICE FOR THE EXCLUSIVE USE OF
PATIENTS NAME:

MALE

FEMALE

AGE

DATE DISPATCHED

DATE REQUIRED

TIME:

AM

PM

PORCELAIN/METAL BONDED RESTORATIONS

- DELUX SUPERIOR - *Duceragold Kiss*
- HIGH STANDARD - *Superior porcelain*
- REGULAR PRIVATE - *Ceramco 3*
- PRECIOUS
- NON PRECIOUS

BRIDGE

CROWN

INLAY/ONLAY

VENEER

POST & CORE

OTHER

ALL CERAMIC RESTORATIONS

- LAVA
- E.MAX
- EMPRESS
- ZR LAYERED
- JUST ZR

COMPOSITE/ACRYLIC RESTORATIONS

- GRADIA COMPOSITE
- ACRYLIC

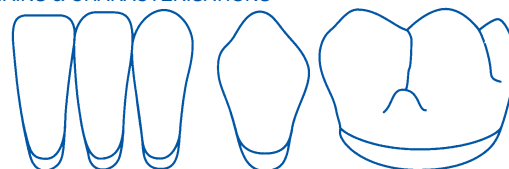
GOLD/METAL RESTORATIONS

- GOLD
- NON PRECIOUS

SHADE



STAINS & CHARACTERISATIONS



8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

CHARTING: PLEASE CIRCLE RELEVANT

CASE INSTRUCTIONS



PRESCRIBING DENTISTS SIGNATURE:

DEPT 1

DEPT 2

DEPT 3

DEPT 4

JOB No.

COMP No.

SHEET No.

WEIGHTS

WHEN SIGNED IN THIS BOX BY TEKNIKRON THIS DEVICE
CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS
(UNLESS SHOWN DIFFERENTLY OVERLEAF) OF THE MEDICAL
DEVICES DIRECTIVE AND IS THE STATEMENT OF THAT PURPOSE.

THE REGISTRATION NUMBER OF THE MANUFACTURER WITH THE
MEDICAL DEVICES AGENCY IS CA 002584

WARNING - KEEP AWAY FROM THE EXTREMES OF HEAT AND COLD