



The Ultimate Dental Laboratory Ltd

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Start Date: Dentist GDC No:

Dentist Name (In full)

Surgery Address

STANDARD SILVER PRIVATE

Patient Name

Patient PO No/ Ref:

Age Sex M / F Authorised by:

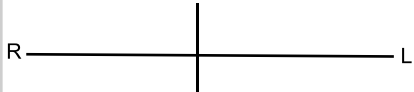
Job Description

Bleaching U L Study Models U L

Duel Hard/soft Night Guard U L Soft Night Guard U L Hard Night Guard U L

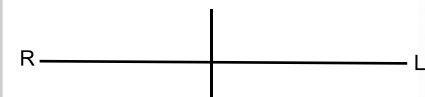
Denture Type: If not specified it will be assumed acrylic
Acrylic: U L SR Ivocap U L Chrome U L Valplast U L

TEETH **REQUIRED** ON DENTURE



TEETH TO BE **EXTRACTED**

Please also make tooth with an 'x' on model



General Comments / Instructions

Lab Card No

D

Payment is required within 30 days of invoice.



MHRA Number: 02160.

Special Trays

U L

Date:

Dentist Comment Area

Technician Comments:

Imps disinfected:

Bite

U L

Date:

Dentist Comment Area

Technician Comments:

Imps disinfected:

Copy Technique

U L

Date:

Dentist Comment Area

Technician Comments:

Chrome:

U L

Date:

Dentist Comment Area

Technician Comments:

Imps disinfected:

Try in (Shade required)

Shade:

Date:

Dentist Comment Area
SHADE PLEASE

Technician Comments:

Imps disinfected:

Retry Instructions:

Date:

Dentist Comment Area

Technician Comments:

Imps disinfected:

Miscellaneous Instructions

Finish

Date:

Dups U L

Dentist Comment Area

WD
GP

Imps disinfected:

Laboratory Use Only

Card Checked in by: Date Checked in: / /

No of imp: Squash:

Enclosures:

Stage 1
Tech Cast: Date: No of imp:

Stage 2
Checked in by: Date: No of imp:

Tech Cast: Date: No of imp:

Stage 3
Checked in by: Date: No of imp:

Tech Cast: Date: No of imp:

Stage 4
Checked in by: Date: No of imp:

Tech Cast: Date: No of imp:

Models Checked by:
Signature Required

Date: / /

Final Inspection by:
Signature Required

Date: / /

Laboratory Billing section

R L

Special Trays U L Retry

Copy Models Clasp:Roach

Hi-Impact C Clasps

Contour & Stippling Ball

Soft Lining Immediate

Duplicates

H/CBases

Name Tags

NON STERILE ITEMS ENCLOSED

This is a custom-made device for the exclusive use of the above patient. This device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive. Any essential requirements not met will be indicated.

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