Allpoints Dental Laboratory

Crown and Bridge Prescription Form

Briar Cottage,
Miserden, Stroud,
Gloucestershire GL6 7JA

Phone
Enquiries: 079274 13330

Online
www.allpointsdental.co.uk
info@allpointsdental.co.uk

Type of Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Inlay/Onlay
- ☐ Veneer
- ☐ Maryland wing
- ☐ Post/Core
- ☐ Buccal Porcelain Margin
- ☐ All-round Porcelain Margin
- ☐ Fine Metal Margin
- ☐ Metal palatal / lingual / occlusal

Most Popular Products/Materials:

	Standard Quality	*Private Quality
☐	Non-precious PFM	☐
☐	IPS e.max Crown/Bridge	☐
☐	IPS e.max Monolith	N/A
☐	E.max Cad/Cam	N/A
☐	Layered Zirconia	☐
☐	Monolith Zirconia	N/A
☐	Implant - cement retained	☐
☐	Implant - screw retained	☐

***Private Quality**

Using only our best technicians.

See our website for more details.

Metal crowns:

- ☐ Non-precious CoCr
- ☐ Non-precious yellow metal (crown)
- ☐ Semi-precious
- ☐ White gold
- ☐ Gold (yellow) - **Please specify alloy:**
  Gold alloy 62% / 75% / 88%

Enclosed in Package

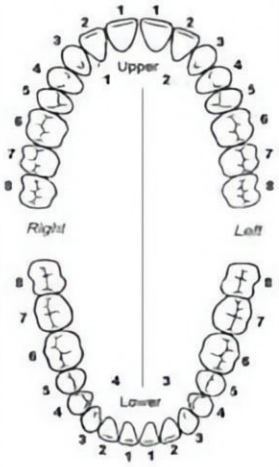
Impression Disinfected and dry: ☐ Yes ☐ No

	Quantity	Received by AP
Study Models	_____	_____
Alginate	_____	_____
Rubber	_____	_____

Evaluation Box

Special Instructions

Tooth for Restoration



Shade



Preferred Design of Pontic



Practitioner's Signature

_____
(Signature)

Date : _____

Practitioner _____

Practice _____

Address _____

_____

_____

Tel. No. _____

Patient Name _____

Age _____ ☐ Male ☐ Female

Fit Date _____
(Please try to allow ten working days due to postal delays)

Fit
Have you remembered the shade?

For Office Use

Job No. _____

.....
Inspecting Technician

The Registration number of the manufacturer with the MHRA is CA014485

This is a custom-made device for the exclusive use of the patient and conforms to the relevant essential requirements as set out within Appendix 1 of the MHRA Directive (93/42/EEC).

Relevant essential requirements not met and reasons why are listed in the evaluation box.

Warning: Keep device from extraordinary heat or cold. Do not drop or crush. **Fragile!**

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Type of Restoration

Trays & Bite Blocks

- ☐ OS01A Special Tray
- ☐ OS01B Bite Block
- ☐ OS01S Combined Tray/Bite Block

Acrylic Dentures

- ☐ AD01NT Acrylic Partial / Denture
- ☐ CCMS Mesh Strengthener
- ☐ ADSOFT Soft Liner
- ☐ RELINE

Valplast Flexible Dentures

- ☐ AD02NT Valplast Partial

Shade

Shade.....



Metal Frameworks

- ☐ VPDF Vitallium Framework
- ☐ CCFO Chrome Cast Framework
- ☐ TTFO Titanium Framework

Finishing

Acrylics & Valplast:

- ☐ Teeth set in wax for try in
- ☐ Go to finish

Metal dentures:

- ☐ Framework only
- ☐ Teeth set in wax for try in
- ☐ Acrylic base/Teeth added - go to finish

Enclosed in Package

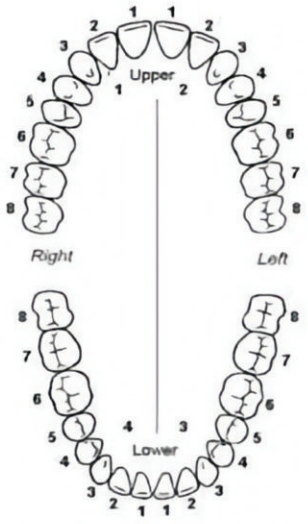
Impression Disinfected ☐ Yes ☐ No

	Quantity	Received by HS
Study Models		
Alginate		
Rubber		

Special Instructions

Circle teeth required

Upper Right								Upper Left							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Lower Right								Lower Left							



Evaluation Box

Practitioner _____

Practice _____

Address _____

_____

Tel. No. _____ : _____
(area code) (number)

Patient Name

_____

Age _____ ☐ Male ☐ Female

Fit Date _____

Practitioner's Signature

_____

_____ (Date)

For Office Use

Job No. _____

_____
Inspecting Technician

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Freepost RUER-JRZU-SUYU
Allpoints Dental Laboratory Ltd.
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