



Design & Smile

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Crown & Bridge Prescription

Surgeon _____
 Practice _____
 Telephone _____
 Patient _____
 Age _____
 Delivery Date _____

Service required

NHS Independent Private

For office use only

Account No. _____
 Job No. _____
 Technician _____

Items required

Bags Boxes
 Pre-paid labels Prescription pads

Tooth notation (please circle)

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

Shade required	
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Adhesive restorations

Porcelain Veneer - To cover natural coloured teeth	4	<input type="checkbox"/>
Porcelain Veneer - For mildly discoloured teeth	4	<input type="checkbox"/>
Porcelain Veneer - For severe discolouration	4	<input type="checkbox"/>
Porcelain Inlay	4	<input type="checkbox"/>
Composite Inlay	4	<input type="checkbox"/>
Dentine Bonded Crown	4	<input type="checkbox"/>
Fortress Crown/Inlay/Veneer	4	<input type="checkbox"/>
Maryland Bridge (Sand blasted, etched)	4	<input type="checkbox"/>
Rochette Bridge (Sand blasted, etched)	4	<input type="checkbox"/>

Crown & Bridge Work

Porcelain Bonded Crown - Precious metal	4	<input type="checkbox"/>
Porcelain Bonded Crown - Non-precious	4	<input type="checkbox"/>
Porcelain Bonded Bridge Work - Precious metal	7	<input type="checkbox"/>
Porcelain Bonded Bridge Work - Non-precious	7	<input type="checkbox"/>
Porcelain Jacket Crown	4	<input type="checkbox"/>
Gold Shell crown +60%	4	<input type="checkbox"/>
Gold Shell (White) 33%	4	<input type="checkbox"/>
Non-Precious crown (Silver) (Yellow)	4	<input type="checkbox"/>
Inlay +60% /Non-precious	4	<input type="checkbox"/>
Post & Core (33%)	3	<input type="checkbox"/>
Post & Core (Non-precious)	3	<input type="checkbox"/>
Cerec Crown/Inlay	7	<input type="checkbox"/>
Cerec Bridge	7	<input type="checkbox"/>
Cerec Maryland	7	<input type="checkbox"/>
Captek	5	<input type="checkbox"/>
Temp Crowns/Bridges	5	<input type="checkbox"/>
Straumann, Biomet 3i, Nobel Biocare, Bicon	7	<input type="checkbox"/>

Please allow one extra day where a post and core is required with Crown & Bridges.

Checklist

Shade Upper & Lower Impressions
 Instructions Bite Registration
 Date

Special instructions

Dental Appliance Manufacturers Audit Scheme
 DAMAS APPROVED

REGISTERED MEMBER
 DLA 15 DES10

MHRA CA011711