

PRACTICE NAME _____

DENTIST NAME _____

POST CODE _____

PATIENT NAME / ID _____

Total number of units

Lab use only

IMPORTANT – BOOKING REQUIRED

Before sending the case, **all lab work must have the fit date confirmed** with us by booking via www.pictodent.co.uk or telephone. Cases without booking confirmation may not be processed.

Date of preparation

Confirmed fit date / time



Pictodent
dental laboratory Ltd.

Prescription Form

T: 020 8812 3978

M: info@pictodent.co.uk

12 Deer Park Road,
London SW19 3TL

1. TYPE OF RESTORATION

- Crown
- Bridge
- Inlay / Onlay
- Veneer
- Post & Core
- Implant (please specify in instructions)

2. MATERIAL

Metal free

- Lithium Disilicate – monolithic
- Lithium Disilicate + porcelain layering
- Zirconia standard – monolithic
- Zirconia high translucent multilayer – monolithic
- Zirconia + porcelain layering

Metal based

- Porcelain bonded to non-precious metal framework
- Gold – full contour unit in precious metal

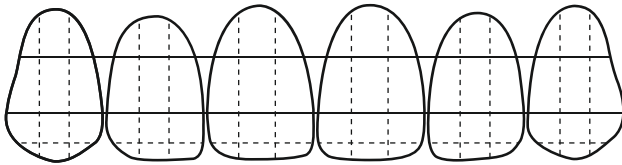
3. ADDITIONAL SERVICES

- Anatomical articulation
- Study models
- Digital wax-up
- Clear silicone matrix
- Soft night guard
- Essix retainer
- Whitening trays

Please contact us for any further enquiries

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 (use VITA shade guide)



- discoloration
- diastema
- effects / characteristics (please specify)

PONTIC DESIGN



- Sanitary
- Ridge Lap
- Modified Ridge Lap
- Ovate

INSTRUCTIONS

Impressions disinfected with _____

SIGNATURE _____