

Doctor's Name BLOCK CAPITAL LETTERS PLEASE
Address _____

Phone & Fax _____
Email _____

Patient Name _____

Please allow 10 working days from the date received

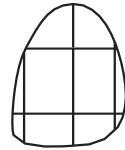
CROWNS & BRIDGES

PLEASE SELECT TOOTH NOTATIONS

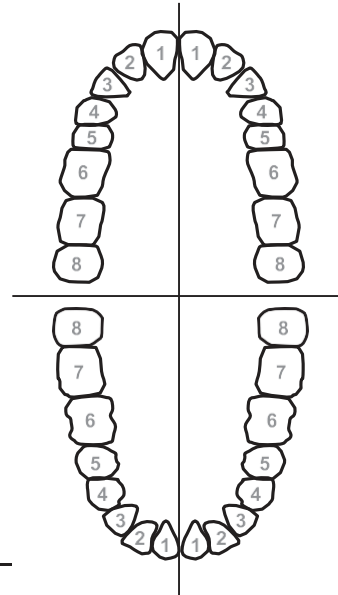
DENTURES & ORTHO

Crown/Bridge

- All-Ceramic → E-Max
- Porcelain to Metal → Precious
 Semi-Precious
 Non- Precious
- Suntech Zirconia® → Layered (Porcelain)
 Full (Solid Zr)
- Full Cast → High Gold
 Medium Gold
 Low Gold
 NP (Silver)



Vita Porcelain Shade _____



Inlay/Onlay

- All-Ceramic → E-Max
- Full Cast → 75% Gold
- Composite (Adoro)

Veneer → E-max

Post & Core → NP (Silver)
 SP (Silver)

3D Zirconia → Sunceram 3D HT

SPECIAL INSTRUCTIONS

BLOCK CAPITAL LETTERS PLEASE

* The person signing this authorisation and/or the dental practice accepts responsibility for payment over the related charges and agrees to pay all legal and collection costs in the event the account is in collections or litigation, including reasonable fees.

Signature _____

Upper

- Full → Acrylic DurAcetal
 Co/Cr Vitallium
- Partial → Sunflex® (No large free-end saddles)
 Acrylic DurAcetal
 Co/Cr Vitallium

Lower

- Full → Acrylic
 Co/Cr (Mesh Strengthener)
- Partial → Sunflex® (No large free-end saddles)
 Acrylic DurAcetal
 Co/Cr Vitallium

DENTURES & ORTHO

Due Date:	Q.C Stamp	Next Stage:
		<input type="checkbox"/> Bite & Tray
		<input type="checkbox"/> Wax Try-In Acrylic Tooth Shade _____
		<input type="checkbox"/> Re-Try
		<input type="checkbox"/> Fit Sunflex Tissue Shade <input type="checkbox"/> Pink <input type="checkbox"/> Med Meharry <input type="checkbox"/> Lt Pink <input type="checkbox"/> Dk Meharry

CROWNS & BRIDGES

Due Date: _____ Q.C Stamp _____



Medicines and Healthcare products Regulatory Agency
Safeguarding public health

MHRA 11342



DAMAS #070158

This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the applicable general safety and performance requirements specified in Annex I of the Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

Pre manufacture signature _____

(See website for Full Terms and Conditions)

1. All items supplied remain the property of SDL until payment is received.
2. All items are strictly nett and are payable within 30 days of invoice.
3. SDL reserves the right to check the credit rating of any client.
4. SDL will charge interest on overdue accounts at a rate of 5% per month which will be applied to the total amount outstanding including any previous interest charged.
5. No claims for credit will be considered after 21 days from the date of invoice.
6. Preferred impression techniques are full arch impressions either cured silicon or Impregum that are disinfected.
7. SDL's acceptance of an impression or other clinical record, without challenge, normally implies that it is fit for purpose.
8. Appliances are constructed to the specification prescribed on the laboratory work ticket. SDL is not responsible for the suitability of that specification.
9. SDL endeavours to interpret and follow the client's instructions correctly. If however a mistake is made SDL will rectify the situation free of charge. SDL will not compensate dentist's fees consequential losses or expenses of any kind.
10. By fitting the appliance the client accepts that SDL has produced the appliance to the specification and satisfaction of the client.
11. SDL will not enter any kind of dialogue with patients as a result of them contacting us directly. Patients will immediately be referred back to the client. SDL will not compensate, any individual patient, in the event a product fails to meet the required prescription. The prescribing client will be expected to meet these cost.
12. The client is solely responsible for any additional costs and charges incurred through changing instructions from the original prescription.
13. SDL will only consider claims for remakes at a concessionary remake rate within 30 days from the date of delivery.
14. SDL reserves the right to charge for the remaking of an appliance.
15. SDL reserves the right to charge for shade changes.
16. A loss and handling charge is added to the weight of gold and precious alloys used.
17. SDL will charge for an express courier or postal service. At least £15 will be charged for 9am or Saturday deliveries.
18. SDL endeavours to deliver work on or before the delivery date specified by the client if, for any reason this has not been possible SDL will not compensate the dentist's fees, consequential losses or expenses of any kind.

Manufacturing Sites

Sun Dental Labs (UK) Ltd, Simpson House, Stanley Road, Barnsley, S70 3PG

Hoil Dental, 26c Lyon Road, Walton-on-Thames, England, KT12 3PU

Exceldent/Shimmer Dental Technology Development Co., Ltd. Building B2 Room 403 No. 2 Ping Xi 8th Rd, Nan Ping Industrial Campus, Zhuhai Guangdong, China

CBD Dental Lab, INC

Sixth and seventh Floor of Building AB, No. 37 Sheng ping Road, Luo zu Community, Shi yan Town , Bao'an District, Shenzhen, Guangdong, China

PRESCRIBER FEEDBACK

To enable our dental laboratory to comply with Medical Devices Regulations for post market surveillance and in order to continue to improve our products and service, please inform us any feedback or issues with regards to the enclosed cases as soon as possible.