

PRESCRIBING DENTIST'S NAME & PRACTICE DETAILS

---



---



---



---



Crown House, Wassage Way,  
Hampton Lovett Ind. Estate, Droitwich,  
Worcestershire WR9 0NX

tel/fax: 01905 778686  
email: info@oral-ceramics.co.uk  
www.oral-ceramics.co.uk

Registration No. CA 000571

## SMILE DESIGN PRESCRIPTION

PATIENT			ORAL PROSTHETICS		LAB INSTRUCTIONS																							
AGE:		M / F																										
FINISH DATE																												
<input type="checkbox"/> STANDARD	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> PRIVATE +	<input type="checkbox"/> Acrylic	<input type="checkbox"/> Cobalt-Chrome	Bite		Sil.		Alg.		Med.		Photo		Jig.		Other		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									
<input type="checkbox"/> Crown(s)	<input type="checkbox"/> Bridge(s)	<input type="checkbox"/> Implant	<input type="checkbox"/> Orthodontic	<input type="checkbox"/> Valplast	DECONTAMINATED																							
						1st Imps		S/T Imp		Bite		Try-in																

### STAINS & CHARACTERISTICS

**Surface Texture:**

- Heavy
- Medium
- Smooth

**Glaze:**

- Low
- Medium
- High

SHADE .....

### PONTIC DESIGN

Pontic Relief  YES  NO

OVATE ..... MM

FULL LAP

BUCCAL LAP

SANITARY CONTACT

SANITARY SPACED

Bite .....

Spec/Tray .....

Try-in .....

Re-try .....

Finish .....

Shade/Mould .....

RETURN DATE .....

RETURN DATE .....

RETURN DATE .....

RETURN DATE .....

RETURN DATE .....

### NOTES

FOR LABORATORY USE ONLY			DO NOT PACK THIS PRESCRIPTION WITH DAMP IMPRESSIONS							CASE NO.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	