

Dentist Account Details:

Crown and Bridge Implants/Laminates

Patient & job Details

Patient's Name: _____ Male

Patient Code: _____ Date Required: _____

Fit Date: _____ Fit Time: _____ Job ID: _____ Female

Restoration Type

<input type="checkbox"/> Crown / 3/4 Crown	<input type="checkbox"/> Bridge	<input type="checkbox"/> Inlay	<input type="checkbox"/> Onlay	<input type="checkbox"/> Veneer	<input type="checkbox"/> Post & Core	<input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Implant (Please give further details in the implant section)
						<input type="checkbox"/> 1 wing	
						<input type="checkbox"/> 2 Wings	

Material Type

<input type="checkbox"/> Porcelain Bonded	<input type="checkbox"/> Composite	<input type="checkbox"/> IPS e.max	<input type="checkbox"/> Cerasmart	<input type="checkbox"/> Zirconia	<input type="checkbox"/> ZirconArch	<input type="checkbox"/> Full Metal	<input type="checkbox"/> 60% Gold
			Nano Hybride Composite	Full Contour Zirconia - No Porcelain Overlay	Zirconia with Porcelain Overlay	<input type="checkbox"/> Non-Precious	<input type="checkbox"/> Yellow Semi-Precious 2% Gold
						<input type="checkbox"/> 40% Gold	<input type="checkbox"/> White Semi-Precious

Implants

Implant Type: Cement Retained Screw Retained

Implant Brand: _____

Implant System: _____

Platform Size: _____

Implant Note: _____

Laminate

Bleaching Trays With Reservoirs

Essix Retainer














Fluoride Tray With Reservoirs

Soft Night Guard

Bilaminate Night Guard

Basic Sport Guard

Characteristic and Design

Pontic Design	Collar and Metal Design	Occlusion
<input type="checkbox"/> 	<input type="checkbox"/>  Palatal	<input type="checkbox"/>  Tight
<input type="checkbox"/> 	<input type="checkbox"/>  360°	<input type="checkbox"/>  0.5mm
<input type="checkbox"/> 	<input type="checkbox"/>  Buccal	<input type="checkbox"/>  1.0mm
<input type="checkbox"/> 	<input type="checkbox"/>  Buccal+Occ.	<input type="checkbox"/>  1.5mm
	<input type="checkbox"/>  Occlusal	

Implants

Vita Shade: _____

Staining: None Light Medium Heavy

Stamp Shade: _____

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Instruction

<p>If not enough occlusal clearance</p> <p><input type="checkbox"/> Contact before Proceeding</p> <p><input type="checkbox"/> Metal Island (Pfm Only)</p> <p><input type="checkbox"/> Mark Opposing for adjustment at fit</p>	<p>For Technical Queries</p> <p><input type="checkbox"/> Call Reception</p> <p><input type="checkbox"/> Call me on: _____</p> <p><input type="checkbox"/> eMail: _____</p>
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Turnaround Times

Crown & Bridge	8-10 Days
Implants*	10 Days
Laminates	5 Days
Prosthetics	
All Acrylic Stages**	6 Days
Repairs	2 Days
Additions	9 Days
Chrome Try In	9 Days
ComFlexin	9 Days

* Please allow extra time for complex cases
 ** Postal charges (per stage, per job) apply.

Standard In-Lab Working Times

Turnaround time starts from day of booking in.
 Please allow time for postal and delivery services.

Download FREEPOST Labels:

www.royal-dental.co.uk

Express Fees

All rush cases must be pre-arranged.

Additional fees apply

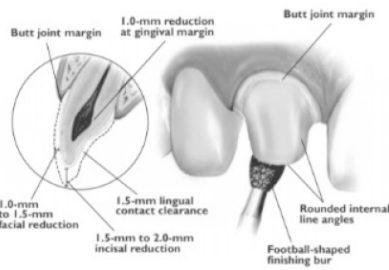
e.max Preparation Guide



IPS e.max® Press lithium disilicate glass-ceramic (LS2) provides accuracy of fit, function and aesthetics while simultaneously featuring a strength of 400 MPa. Ideal for Anterior & Posterior Crowns and Bridges.

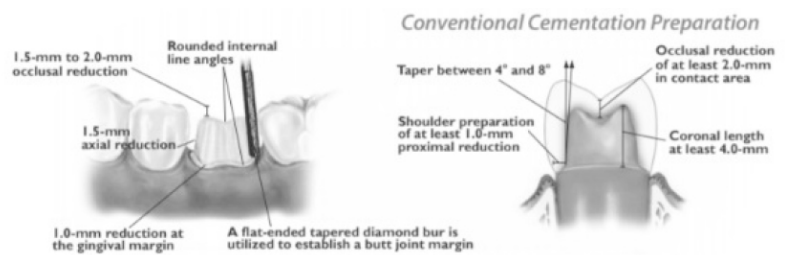
Anterior Crown Chairside Preparation Guide

Full-Coverage Restoration



Posterior Crown Chairside Preparation Guide

Full-Coverage Restoration

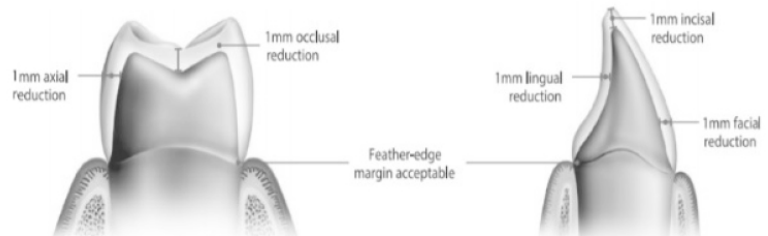


Zirconia Preparation Guide

Solid Zirconia is indicated for crowns, bridges, veneers, inlays and onlays. It is an esthetic alternative to PFM metal occlusal/lingual or fullcast restorations and ideal for restorations requiring extra durability such as crowns under partials or screw-retained implant crowns. The chip-proof durability of Zirconia restorations also makes them ideal for bruxers who have broken natural teeth or previous PFM restorations. Zirconia restorations are also ideal for patients lacking the preparation. Space for a PFM.

Preparation Requirements

- Shoulder preparation not needed, feather edge is OK. It is a conservative preparation similar to full-cast gold, so any preparation with at least 0.5 mm of occlusal space is accepted.
- Minimum occlusal reduction of 0.5 mm; 1 mm is ideal.



TERMS AND CONDITIONS

Prices are subject to alteration. Wherever possible advance notice will be given. For any services that are not mentioned in the price list, please ask the lab for the fees. All accounts are strictly net and must be settled within 28 days following the first day of every month. Goods remain the property of Royal Dental Lab until payment is received. Interest will be charged at 2.5% per month on all accounts not settled within 28 days following the first day of every month. All attachments, implants and teeth ordered on your behalf are charged at manufacturer's rates plus a handling fee. You are welcome to supply your own attachments. Please allow 10 working days in the Laboratory before the work is dispatched. Working days are Monday to Friday not including Bank Holidays and working days begin on the day impressions arrive at the Laboratory. For urgent cases to be produced in a minimum of 5 working days an additional fee of 20% will be charged. In the event of excess work loads it may be necessary to increase the number of working days in the laboratory and your understanding is appreciated. Depending on the type of restoration, we offer 6 and 12 months Warranty. Our Warranty does not cover damage caused by impact, resin bond failure, tooth wear, implant failure. If the restoration falls during the Warranty period, Royal Dental Lab will remake the restoration. We reserve the right to refuse a guarantee where we believe that the restoration will not last the guarantee period due to its particular circumstances.

CUSTOM MADE DEVICE Certified as conforming to the Medical Device Directive, manufactured and supplied by Royal Dental Lab

The product here packed is a custom-made device for the named patient stated above and conforms to the essential requirements set out in Annex 1 of the EC Medical Device Directive 93/42/EEC dated June 1993 and if any of these requirements are not fully met the details are documented on reverse or attached and despatched to the user. In the event that the prescriber has supplied some of the materials etc for incorporation in a particular custom-made dental appliance then this appliance cannot be guaranteed to fully meet with the applicable relevant essential requirements. The grounds for placing such a device on the market is that the risk of compromising the patient's health and safety by using materials etc supplied by the prescriber is assessed as minimal. This risk assessment relies upon a duly qualified medical practitioner's competence and duty to supply materials etc that is either from a CE marked source or from an appropriate European Competent Authority registered manufacturer of custom-made medical devices.

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Q.C APPROVAL

Please note these items are NOT sterile. MHRA Registration: 8999