

DENTIST NAME

ADDRESS

POSTCODE.....PHONE No.....

PATIENTS NAME.....

TYPE OF WORK REQUIRED

PORCELAIN		
EMAX		
BONDED PRECIOUS		
BONDED CHROME		
GOLD		
TEMPORARY		
ZIRCONIA		

OFFICE USE ONLY

DATE RECEIVED DATE DISPATCHED

JOB No. ACCOUNT No.

No. IMP REC. No. SQUASH BITES REC.

	ITEM	LAB. FEE	ALLOY	ALLOY WT	PRICE
1					
2					
3					
4					
5					
6					

TOTAL _____

COST _____

YOUR ATTENTION IS DRAWN TO THE FOLLOWING

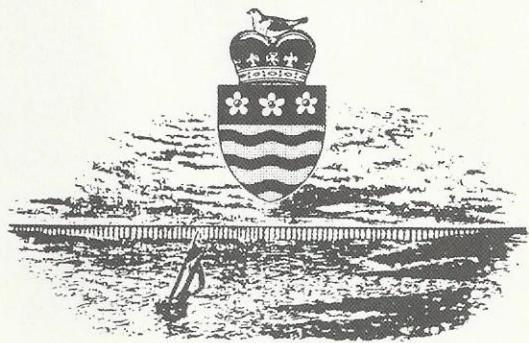
Medical Devices Directive Statement

The Enclosed Dental Appliance has been custom made and is intended for the exclusive use of the above named patient. It conforms to the relevant essential requirements as set out in Annexe 1 of the MDD (92/42EEC). If there are any essential requirements not met they shall be listed overleaf.

Solway Crown & Bridge is registered with the MDD Agency
Registration No. CA001422

TECHNICIAN CHECKS/SIGN

1 2 3 4 5 6 7 8



SOLWAY CROWN & BRIDGE LIMITED
DENTAL LABORATORY

THE OLD CHAPEL, UNION STREET,
WIGTON, CUMBRIA CA7 9NT

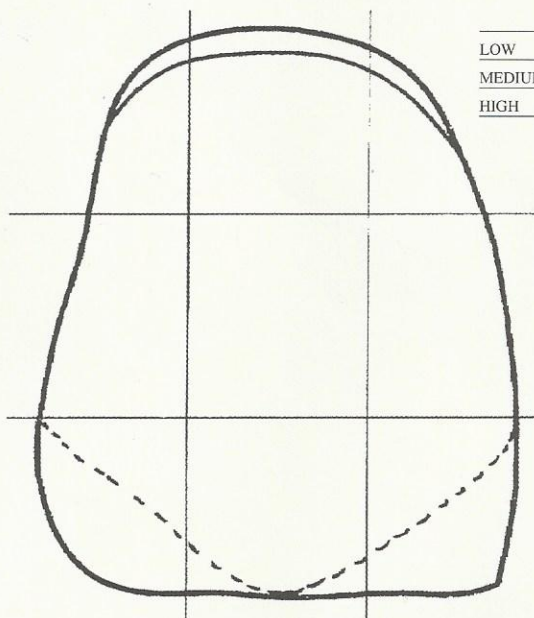
Telephone 016973 45349



REGISTERED MEMBER

NOTIFICATION OF WORK

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



	LUSTER	TEXTURE
LOW		
MEDIUM		
HIGH		

SHADE
ANT/POST

DENTIST INSTRUCTION

RETURN POST REQUIRED:

1ST CLASS (FOC) SPECIAL DELIVERY, BEFORE 1PM

Please Indicate Type of Work

PRIVATE IND