



Laboratory Ticket

Lab I.D -

<u>Dentist Name</u>	<u>Patient's Details</u>
<u>Practice</u>	Name:
	Gender:
	Age:

<u>Level of service</u>	<u>Shade</u>	<u>Charting</u>
NHS <input type="checkbox"/>		UR 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 UL
Private <input type="checkbox"/>		_____
Platinum <input type="checkbox"/>		UL 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 LL

<u>Denture</u>	<u>Chrome</u>	<u>Milled</u>	<u>Laminates</u>	<u>Metal-Free Restorations</u>
Acrylic <input type="checkbox"/>	Standard framework <input type="checkbox"/>	Private <input type="checkbox"/>	Bleaching Tray <input type="checkbox"/>	Zirconia Crown <input type="checkbox"/>
Flexible <input type="checkbox"/>	Scandinavian design <input type="checkbox"/>	Ivoclar <input type="checkbox"/>	Night Guard <input type="checkbox"/>	Zirconia Veneer <input type="checkbox"/>
		Ivotion (1 disk) <input type="checkbox"/>	Essix Retainer <input type="checkbox"/>	E-max Crown <input type="checkbox"/>
			Sports Guard <input type="checkbox"/>	E-max Veneer <input type="checkbox"/>
			Dual Laminate <input type="checkbox"/>	Composite Crown/Inlay/Onlay <input type="checkbox"/>
			Anti-Snoring Device <input type="checkbox"/>	
Special Tray(s) <input type="checkbox"/>	Appointment date Please date day before appointment		Appointment date Please date day before appointment	Appointment date Please date day before appointment
Bite Blocks <input type="checkbox"/>				
Try-in <input type="checkbox"/>				
Re-try <input type="checkbox"/>				
Finish <input type="checkbox"/>				

Case-Specific Instructions

LABORATORY USE ONLY

FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

<u>Stages</u>	<u>Technician</u>	<u>Enclosures</u>	<p>Applicable turnaround times for each product can be found in the company's Terms and Conditions</p> <p>This is a custom-made, non-sterile dental device manufactured exclusively for the use of the patient identified above. The device has been produced in accordance with the prescription and all information provided by the prescribing dental practitioner and, unless otherwise specified, fully complies with those instructions.</p> <p>This device conforms to the essential requirements set out in Annex I of the Medical Devices Directive 93/42/EEC and the applicable United Kingdom Medical Devices Regulations.</p> <p>At Platinum Smiles Dental Laboratory, we are committed to protecting your privacy. Appropriate measures have been implemented to ensure that all personal data provided to us is handled securely. For further information regarding GDPR compliance and data protection, please refer to the official UK government website. MHRA Reg Number - 38401</p>
Models	<input type="text"/>		<p>QC passed and released</p> <p>Date -</p> <p>Signed -</p>
Special Tray(s)	<input type="text"/>		
Bite Blocks	<input type="text"/>		
Try-in	<input type="text"/>		
Re-try	<input type="text"/>		
Finish	<input type="text"/>		

