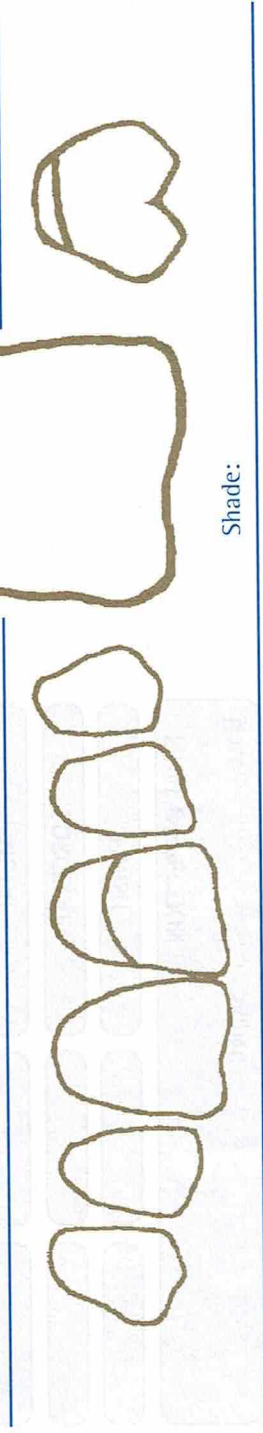




Company Reg No. IE/CA01/M/DT/0445
9250

Dentist
Address
Patients Name
Restoration Required
 Zirconia Semi-Precious Non-Precious
Date Required

Dentist Signature
Date
Laboratory prescription to be filled out in full by
prescribing clinician



Further Instructions

This is a "Custom Made Device" for the above named patient and conforms to schedule 1 of S.I.NO.252 of 1994. The device has been manufactured using all the information supplied by the Medical Practitioner and unless otherwise stated, fully meets with the prescription.

Signed Date

CONTRACT REVIEWED AND ORDER ACCEPTED SUBJECT TO SIGHT OF POSITIVE MODEL

Signed Date

0250

Patients Name

Dentist

Job In

Job Out

Items Received

CHECKED BY

MADE BY

MODEL

DIE TRIM

WAX

METAL

PORCELAIN

FINISH

FINAL INSPECTION

Date Signed

ESSENTIAL REQUIREMENTS NOT MET

REF. No.

REASON

SPECIAL REQUIREMENT