CERAMICS LTD
ADVANCED DENTAL TECHNOLOGY

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

REMOVABLE PROSTHODONTICS PRESCRIPTION

DENTIST & PATIENT DETAILS

Practice Name: .....

Dentist Name: .....

Address: .....

.....

Patient's Name/Code: .....

.....

Date Required: .....

**Allow two days before the fit appointment please*

Dentist's Signature: .....

Date: .....

Laboratory prescription to be filled out in full by prescribing clinician.

CASE INSTRUCTIONS

Shade: .....

Impressions Disinfected: Yes ☐ No ☐

Surgeon's Signature: .....

RESTORATION REQUIRED

Toronto ☐ **Full Denture** ☐ **Partial Denture** ☐

PROSTHETICS / CHROME

☐ **Special Tray**	Perforated ☐	Non-Perforated ☐		**Date:** .....
☐ **Wax Rim**	Wax Base ☐	Light Cure Base ☐	Heat Cure Base ☐	**Date:** .....
☐ **Framework**	Cobalt Chrome ☐	Titanium ☐	Gold ☐	**Date:** .....
☐ **Try-In**				**Date:** .....
☐ **Clasps**	Tooth Shade:	Gold ☐	Stainless Steel ☐	**Date:** .....
☐ **Re-Try**				**Date:** .....
Reline, Cold Cure ☐	**Reline, Heat Cure** ☐	**Repairs** ☐	**Addition** ☐	**Date Required:** .....

This is a "Custom Made Device" for the above named patient and conforms to schedule 1 of S.1.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:** .....

Temple Printing Co. Ltd. Athlone

REMOVABLE PROSTHODONTICS PRESCRIPTION

IMPLANTOLOGY

AWAIT RETURN PROTOCOL

PD Ceramics Ltd #.....

Patient ID #.....

Practice & Name:.....

Product to be Manufactured:.....

STAGE 1

Instructions: Sign Initials

.....

..... Date received in Lab:..... .....

..... Date sent to Practice:..... .....

STAGE 2

Instructions: Sign Initials

.....

..... Date received in Lab:..... .....

..... Date sent to Practice:..... .....

STAGE 3

Instructions: Sign Initials

.....

..... Date received in Lab:..... .....

..... Date sent to Practice:..... .....

STAGE 4

Instructions: Sign Initials

.....

..... Date received in Lab:..... .....

..... Date sent to Practice:..... .....

STAGE 5

Instructions: Sign Initials

.....

..... Date received in Lab:..... .....

..... Date sent to Practice:..... .....