eethdento	tod		_			
Email: info@eethdental.co.uk	General Dental	PRACTICE NAM	E			
Web: www.eethdental.co.uk	Council					
Tel: +44 24 7676 6113 Mob: +44 7506 020964	MHDA	DENTIST NAME	<u> </u>			
Unit 29, The Business Cen						
Road, Tyseley, Birmingham, B11 2BA		PATIENT NAME	,		M F	AGE
Material Type	Restoration	DATE SENT	RETURN	DATE		RIVATE
Zirconia (Full Contour)	Crown	/ / 20	1	/ 20		
Zirconia (Multi-Layered)	☐ Bridge☐ Inlay/Onlay		M & MOBRING		DISINFECTED	Yes No
Zirconia (Layered)  3D Printed Temporary	☐ 3/4 Crown		ay Before Appointn		PLEASE MARK	
Titanium Composite		_	76543	2 1	1 2 3 4	5 6 7 8
IPS E.max	Maryland Bri	Wings 8	7 6 5 4 3	2 1	1 2 3 4	5678
☐ PMMA ☐ Peek	Implant Abut		SHADE	Staini	ing & Charac	teristics
Porcelain-Fused-Meta					$\overline{}$	
Full Metal	Implant Syste	I .		(	XX)	
☐ Silver ☐ Gold	(All systems o		( 11)	_ \		
Denutres	Digital Smile	Design	<u> </u>		$\sim$	
☐ Valplast (Flexible)	Digital Study		Vita			
□ CoCr	☐ Plaster Study		Occlusal Staining Light	g Glaze		ture mooth
Acrylic	Removables	5	Medium	Medi	um 🔲 🖁	Nedium
Try-in Stage	Removable		Heavy	Heav	у 🔲 С	oarse
	Bleaching	4,5	PONTIC DE		d Conical S	Sanitary
Titanium Milled Bar Try-In	Essix Retain	I .	Ovate Ridg	Ridge La		Tygenic
Cast Bar Try-In	☐ Sports Coo	I .	(2)	. 2	$\mathcal{L}$	
Final Stage	Aligners					
Full Denture	1 1 1					
Partial Denture	Instruction	1S		S	Ju-Je-Je	1
Immediate Denture Denture on Locator						
Additional Services					R L	
Denture Repair						
Reline/Rebase						(PD)
Reline/Rebase Acrylic Stent					UPPER	
					UPPER LOWER	
Acrylic Stent						
Acrylic Stent  DATE  S/TRAY  BITE						
Acrylic Stent  DATE S/TRAY BITE TRY-IN						
Acrylic Stent  DATE  S/TRAY  BITE						

is intended for exclusive use by this patient and conforms to relevant essential requirements as set out in Annex | of the Medical Devices Directive (93/42/EECO)