



Visage Dental Studio Of Excellence

13 Ladyhill Luton LU49LZ • Phone: 07872941112 • 01582 517070

Dental Surgeon _____

Job No: _____

Address _____

Date ___ / ___ / ___

Patient Name _____

Age: _____

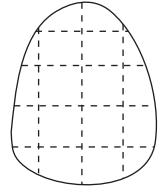
Date Required ___ / ___ / ___

SMILE DESIGN & SHADING

Notations



Shade



Reinforced All Ceramic

Porcelain to Zirconia _____

Full Zirconia Crown _____

Zirconia Inlays/Onlays _____

All Ceramic

IPS e.max® _____

Porcelain Veneers _____

Diagnostic Wax-Up _____

GC Gradia®

Composite Crown _____

Composite Inlays _____

Implants _____

Porcelain Bonded Crown _____

Bonded Bridge Units _____

Maryland Bridge _____

Full Gold Crowns _____

Metal Inlays/Onlays _____

Post & Core _____

Night Guard _____

Bleaching Tray _____

Sports Guard _____

Special Tray _____

Study Models _____

If Inadequate Clearance

Reduction Coping _____

Reduce Opposing _____

Please Call _____

SPECIAL INSTRUCTIONS / NOTES

FOR LABORATORY USE ONLY

All Work Supplied by GDC Registered Technicians

Statement:

This is a custom-made device for the exclusive use of the above named patient and conforms to the basic requirements of the medical Devices Directive 93/42/EEC and must be used in accordance with the practitioners instructions.

N.B. Keep away from extreme heat and cold.

MHRA CA 016116