

True Smile Digital Dental Laboratory Ltd.

113 The Grove Isleworth TW7 4JE





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	For Denture	Dentist		Patient			
	Special Trays	Surgery	71	Return Date			
	Bite	g ,	⊣ :				
	Try-in	NHS		Private			
	Re-Try	*	_ i		1		
	Finish			Working Times	7 W	orking Days - Normal S	Service
	Shade	Shade details				O.	DOD .
	Metal Free Selection	\sim	\wedge			COOP R	9
F	e.max Bridge			$\langle \cdot \rangle$	X	® R	, E
F	e.max Crown			, 2)	()	® "	` <i>Q</i>
F	e.max Veneer			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		R BOTO	8
	e.max Inlay/Onlay		,			E	mage 1
	e.max Maryland	Main Shade Core	Prep. S	Occlusal S	taining	Glaze	Texture
	e.max Inlay/Onlay Bridge	wain Shade Core	Prep. S	nade Non	e	Low	Smooth
	Gradia Composite Inlay/Onlay			Ligh	it	Medium	Medium
	Gradia Composite Veneer			Med	lium	High	Coarse
	Gradia Composite Crown/Bridge			Hea	vy		
	Porcelain Veneer	Pontic Design				For Labo use o	
	Porcelain Fused to Metal	\sim	\sim	^		Sign an	
	Porcelain Bonded Crown					Stage	Technician
	Porcelain Bonded Bridge	\sim		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		Model	
	Maryland Bridge			$ \setminus / \square \setminus $		Model	
	Non-Prec. Precious	Modified Ridge Lap	Bulle	Hygienic		Metal	
	Metal Only Options	Charting				Ceramics	
	Full Cast Crown						
L	Cast Inlay/Onlay					Final Inspection	
	White Precius 77% Yellow Au						
	White Non-Prec. 60% Yellow Au	Instructions					
	Yellow Non-Prec. 40% Yellow Au						
	Cast Post and Core						
	White Non-Prec 40% Yellow Au					British Dental Clinically Compliant Pro	
	Cosmetic Essentials					≝e.n	nax [.]
	Study Models						
	Diagnostic Wax Up		_				
	Addition dents	Tick to confirm contents sterilised at Dental Surgery		Your attention is drawn to the that has been manufactured to by the prescriber for the above	satisfy the des	ign characteristics and prop	erties specified
	Bleaching Tray(s)		_	use by this patient and conform of the medical devices directive	s to the releva	nt essential requirements s	pecified in annex 1
	Denture Repair	Other Works		Health and Safety reminder: Timpressions and other appliance			
	Addition Clasps	Ortho Retainer	ļ	sending to the Laboratory.		.8	
	Repair Only	Mouth Guard	[Top Copy: Retain for Laboratory	records. Bott	om Copy: Retain for surger	y record and patient.
	Reline	Disinfected:	Date:			Signed:	