SCD
A Modern Dental Europe Company

REMOVABLE PROSTHODONTICS

Practice Name _____ Invoice Name _____

Invoice Address _____ City | County _____ Postcode _____

Tel _____ Email _____

BATCH # (Office only) Patient ID _____ Date _____

☐ New Case ☐ Continuation/Remake Account Number ☐☐☐☐☐ **Work Required by** ☐☐ **Day** ☐☐ **Month**

SCD RANGE

Turnaround time: **9 working days**

Denture Preparation	**U**	**L**
Special Tray	○	○
Wax Rim	○	○
Metal Partials		
Casting (Frame)	○	○
Casting (Frame) with wax rim	○	○
Casting & Try-in with teeth	○	○
Casting Process/Finish	○	○

○ **Acrylic** ○ **Flexible Denture**

Partial:		
Try-in	○	○
Finish	○	○
Full: (Non Flexible)		
Try-in	○	○
Finish	○	○

○ Standard
○ High-Impact Acrylic

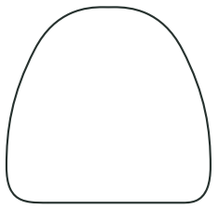
○ Immediate Replacement _____

○ Tooth-Coloured Clasps _____
Shade:

○ Clear Clasps _____

Occlusal Splints	**U**	**L**
Flat Plane Hard	○	○
Flat Plane Hard/Soft	○	○
Flat Plane Soft	○	○
Tanner/Michigan (Canine Rise) Hard	○	○
Tanner/Michigan (Canine Rise) Hard/Soft	○	○
Soft Splint	○	○
Soft Splint with Canine Rise/Ramp	○	○
Gelb		○
NTI	○	
Orthodontic Appliances		
Active ROA (Draw Design Below)	○	○
Fixed Devices (Draw Design Below)	○	○
Essix Retainer	○	○
Hawley Retainer	○	○
Memosil lingual wire stent	○	○
Anti-Snoring Device		
EMA	▭	
Silensor SL	▭	
Moses (Snoring +/- sleep apnoea)	▭	
Respire Blue+	▭	
Respire Blue EF+	▭	
Respire Pink	▭	
Respire Pink EF	▭	
Respire Pink Micro	▭	
Respire Pink EF Micro	▭	
Miscellaneous		
Mouthguard	○	○
Bleaching Trays	○	○
Denture repair	○	○

SHADE (please email images)

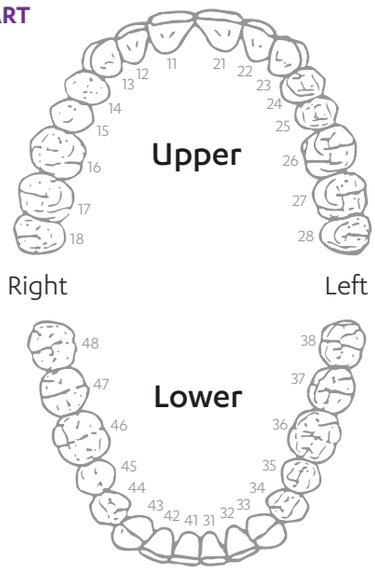


MATERIAL ENCLOSED

Please tick ✓

	DENTIST	**SCD**
Denture Teeth	○	○
Upper Teeth set on Wax	○	○
Lower Teeth Set on Wax	○	○
Upper Model or Impression	○	○
Lower Model or Impression	○	○
Upper Wax Rim	○	○
Lower Wax Rim	○	○
Bite Registration	○	○
Upper Framework	○	○
Lower Framework	○	○
Articulator	○	○
Upper Final Denture to Adjust	○	○
Lower Final Denture to Adjust	○	○
Upper or Lower previous	○	○
Denture to return as a guide	○	○
Voucher Attached #	○	○
Images to be emailed	○	

TEETH CHART



ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on reciept as soon as possible.