

Prescription for Private Vitalium Cobalt Castings

CHROME CAST

Ocas House,
The Grove,
Crowborough
East Sussex TN6 1NY
Tel: 01892 664 669
www.chromecast.co.uk

Case No.:

Client's Name & Address:

Patient's Name:

Date Sent:

Date Required:

Express 2 day: 3 day: 4 day:

Upper

Full Plate

Horse Shoe Plate

Double Bar

Leave Design to you

Lower

Full Plate

Plate

Lingual Bar

Cont clasps

Enclosures (Please tick)

Upper Model

Lower Model

Bite Block

DENTAL LABORATORY OF CROWBOROUGH

Teeth to be replaced

Clasps required

Rests required

If **NO** clasps required write **NONE**

Tooth coloured clasp shade

Client's instructions:



Office use only

Authorised

Designed

Waxed

Finished

Checked



All metals conform to ISO 9002

Your attention is drawn to the following statement: This is a custom made device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient. This medical device is intended for the exclusive use by the patient and conforms to the relevant essential requirements in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.