

Dentist Information

Dentist Name

Address

Phone Signature

Patient Information

Patient Name

Date Sent Return Date

Age Male Female

Type of Restoration

Zirconia
 Temporary
 Composite
 Implant System

Pressable
 Precious Metal
 Non Precious Metal
 Call to discuss case prior to starting

Chart teeth to be restored

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Total number of units:																
<input type="text"/>	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Prep Shade



Final Shade



Final Shade



This is a **must** for all ceramic restorations
 Images to be sent to: photos@torquedds.com

Item Checklist

	SENT	RECEIVED
Pre opsimps/models	<input type="radio"/>	<input type="radio"/>
Workingimps	<input type="radio"/>	<input type="radio"/>
Opposingimps	<input type="radio"/>	<input type="radio"/>
Bite registration	<input type="radio"/>	<input type="radio"/>
Stick bite	<input type="radio"/>	<input type="radio"/>
Bite fork	<input type="radio"/>	<input type="radio"/>

Your attention is drawn to the following

This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for the exclusive use of this patient and conforms to the general safety & performance requirements specified in Annex 1 of the Medical Devices Regulations. Where applicable, you should take care not to damage the dental appliance when removing it from its model.

Notes

THIS SECTION TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

Approved for manufacture by Date

Approved for release by Date

Prescriber Feedback

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

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED MODEL