

**STANDARD RANGE**



Supplied by DAMAS accredited laboratory



### 3 EASY STEPS TO USE BDS

**1** Fill in the lab docket

**2** Same day collection,  
call 0845 862 7333 or email  
info@bds.me.uk before 11am

**3** Work returned in  
10 working days

**Job**

CROWN	<input type="checkbox"/>	POST/CORE	<input type="checkbox"/>
BRIDGE	<input type="checkbox"/>	INLAY/ONLAY	<input type="checkbox"/>
Maryland	<input type="checkbox"/>		
Cantilever	<input type="checkbox"/>		
Fixed-fixed	<input type="checkbox"/>		

Return Date

Prep Date

PT Surname

PT Forename

**Material**

NON-PRECIOUS BONDED	<input type="checkbox"/>
ALL METAL NP/NPG	<input type="checkbox"/>
COMPOSITE	<input type="checkbox"/>
FULL ZIRCONIA	<input type="checkbox"/>
IPS e-Max	<input type="checkbox"/>

Dentist Name

Practice Address

**Tooth**

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**Shade**

I confirm that I have used clearance guides to allow occlusal clearance of minimum 2mm

These impressions have been disinfected in accordance with current guidelines before posting to BDS Laboratory

**Notes**

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**PLEASE ALLOW 10 WORKING DAYS FOR WORK TO BE DELIVERED FROM THE DATE OF PREPARATION**

**BDS Laboratory** Office 16, 2 The Forum, Tameside Business Park, Windmill Lane, Denton, Manchester, M34 3QS

www.bds.me.uk | info@bds.me.uk | 0845 862 7333

This is a custom-made medical 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 exclusive use by this patient and conforms to the relevant essential requirements specified in Annex I 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.



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<p>Job</p> <p>CROWN <input type="checkbox"/>                      VENEER <input type="checkbox"/></p> <p>BRIDGE <input type="checkbox"/>                              POST/CORE <input type="checkbox"/></p> <p>Maryland <input type="checkbox"/>                              INLAY/ONLAY <input type="checkbox"/></p> <p>Cantilever <input type="checkbox"/></p> <p>Fixed-fixed <input type="checkbox"/></p>	<p>Return Date</p> <p>Prep Date</p> <p>PT Surname</p> <p>PT Forename</p>
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<p>Material</p> <p>NON-PRECIOUS BONDED <input type="checkbox"/></p> <p>SEMI-PRECIOUS BONDED (+ alloy cost) <input type="checkbox"/></p> <p>COMPOSITE <input type="checkbox"/></p> <p>FULL ZIRCONIA <input type="checkbox"/></p> <p>IPS e-Max <input type="checkbox"/></p> <p>ZIRCONIA WITH PORCELAIN <input type="checkbox"/></p> <p>ALL METAL NP/NPG <input type="checkbox"/></p>	<p>Dentist Name</p> <p>Practice Address</p>
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<p>Tooth</p> <div style="border: 1px solid black; height: 60px; width: 100%; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); border: 1px solid black; width: 80%; height: 80%;"></div> </div>	<p>Shade</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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