



3 EASY STEPS TO USE BDS

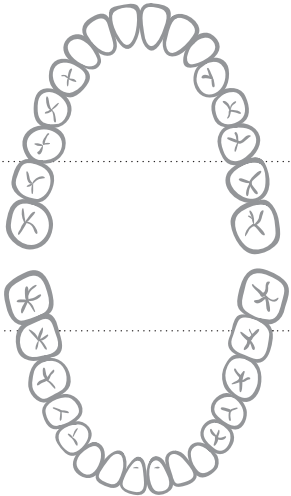
1 Fill in the lab docket 	2 Same day collection, call 0845 862 7333 or email info@bds.me.uk before 11am 	3 Work returned in 10 working days 
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Full Upper <input type="checkbox"/> Full Lower <input type="checkbox"/>	PT Surname
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Partial <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); border: 1px solid black; width: 50%; height: 50%;"></div> </div>	PT Forename
Dentist Name	

Material Acrylic <input type="checkbox"/> Chrome <input type="checkbox"/> Valplast <input type="checkbox"/>	Practice Address
Shade	

Other						
Special Tray <input type="checkbox"/>	Immediate <input type="checkbox"/>	Fracture <input type="checkbox"/>	Add Tooth <input type="checkbox"/>	Soft Reline <input type="checkbox"/>	Hard Reline <input type="checkbox"/>	Clear Palate <input type="checkbox"/>

Bite: Return Date	
Try: Return Date	
Re-try: Return Date	
Fit: Return Date	

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