


ARROW DENTAL LABORATORIES



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<p>Surgeon Address</p> <p>Post Code Tel</p>	<p>Patient</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/> Age</p> <p>Date received:</p> <p>Date required:</p> <p>Shade</p>
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<p>Restoration Type</p> <p>Crown or 3/4 Crown <input type="checkbox"/></p> <p>Bridge <input type="checkbox"/></p> <p>Veneer <input type="checkbox"/></p> <p>Inlay/Onlay <input type="checkbox"/></p> <p>Maryland <input type="checkbox"/></p> <p>Post + core <input type="checkbox"/></p> <p>Material Type</p> <p>Zirconia <input type="checkbox"/></p> <p>E.max <input type="checkbox"/></p> <p>Gold <input type="checkbox"/></p> <p>Temporary <input type="checkbox"/></p> <p>Precious Metal <input type="checkbox"/></p> <p>Non-Precious Metal <input type="checkbox"/></p> <p>Implant Type</p> <p>Verification jig <input type="checkbox"/></p> <p>Screw Retained Custom Abutment <input type="checkbox"/></p> <p>Cement Retained Custom Abutment <input type="checkbox"/></p>	<p>Additional Instruction</p> <p><u>Shade</u></p> <div style="text-align: center;">  </div>
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For Lab Use Only	
Case No:	
Account No:	
I declare that this custom-made device meets the relevant essential requirements set out in Annex 1 of the Medical Devices Directive.	