### Prosthetics and Orthodontics

**Please provide all details on commencement of work**

**Dental Surgeon:**

Custom made devices for the exclusive use of

**Patient:**

<table>
<thead>
<tr>
<th>Case</th>
<th>Part</th>
<th>Full</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make &amp; SHADE</td>
<td>CLASSPS</td>
<td>RESTS</td>
</tr>
<tr>
<td>Age</td>
<td>MOULD</td>
<td>PALATAL BAR</td>
</tr>
</tbody>
</table>

**Special Trays**

**Holes:** YES/NO

**Bite:**

**Try-In:**

**RE-TRY:**

**Finish:**

**Deliveries Dates:**

**Special Trays**

**Holes:** YES/NO

**Bite:**

**Try-In:**

**RE-TRY:**

**Finish:**

**This Device is Non Sterile**

This is a custom-made dental appliance that has been manufactured to satisfy the design characteristics and properties specified by the prescription for the above-named patient. This medical device is intended for exclusive use by the patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This medical device is intended for exclusive use by the patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.

**Our Terms and Conditions are with our Price Lists**

Compensation is limited to the cost of the prescribed items.

**This Device is Non Sterile**

This is a custom-made dental appliance that has been manufactured to satisfy the design characteristics and properties specified by the prescription for the above-named patient. This medical device is intended for exclusive use by the patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This medical device is intended for exclusive use by the patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.
### CASE CARD

**Client Supplied Materials**

- Accepted and Signed
- Rejected and Signed

**CONTRACT REVIEW** - Order accepted on sight of positive model or in case of repair of fractured denture

#### Signed:

**No.** | **Description** | **Work done by** | **Check & Signed** | **Date** | **Notes**
--- | --- | --- | --- | --- | ---
101 | Primary Models | Primary Models | | | |
102 | Special Trays | Special Trays | | | |
103 | Bite Blocks | Bite Blocks | | | |
104 | Middle Cast from S/Trays | Middle Cast from S/Trays | | | |
105 | Surveying | Surveying | | | |
106 | Articulation | Articulation | | | |
107 | Set Up, Chips, Bars, Fents | | | | |
108 | Re-By | Re-By | | | |
109 | Re-By | Re-By | | | |
110 | Re-By | Re-By | | | |
111 | Re-By | Re-By | | | |
112 | Wax Down & Wire Work | | | | |
113 | Finish | Finish | | | |
130 | Repairs/Add/Repair/Cast | Repairs/Add/Repair/Cast | | | |
140 | Chrome Cobalt Casting | Chrome Cobalt Casting | | | |
150 | C&B Pin Modeling | C&B Pin Modeling | | | |
151 | Sub Constricted Core(s) | Sub Constricted Core(s) | | | |
152 | Post and Core(s) | Post and Core(s) | | | |
153 | Metal Crown/Cap(s) | Metal Crown/Cap(s) | | | |
154 | Ceramic Work | Ceramic Work | | | |
155 | Acrylic/Composites | Acrylic/Composites | | | |
156 | Final Polish | Final Polish | | | |
170 | Ortho/Bite Raising Appliance | Ortho/Bite Raising Appliance | | | |
173 | Angle Trimmed Models | Angle Trimmed Models | | | |
190 | Mounting, Nightguard, etc. | Mounting, Nightguard, etc. | | | |
190 | Silensor Anti Snore Appliance | Silensor Anti Snore Appliance | | | |
200 | Other | Other | | | |

**FINAL INSPECTION:**

Signed: | Date: | Hold Number: | Complaint Number: | Concession: | Date: |
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