



IMPLANT CROWN & BRIDGE

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PRESCRIBER NAME		ADDRESS	JOB NO. Lab use only
PATIENT NAME		POSTCODE	DATE REQUIRED
		PHONE	

Photos sent for case please ensure high quality raw file photos sent for digital upload

- Full face portrait
- Frontal view / full smile
- Frontal view / full smile
- Frontal view / mouth open
- Retracted full slightly open
- Frontal view / full smile

NOTATION

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 28

- Crown
- Implant Crown
- Smile Design
- Bridge
- Implant Bridge
- Digital Wax up
- Veneer-Inlay
- Full Arch FP1
- Wax up to printed guide
- Full Arch FP3

PORCELAIN BONDED TO METAL

E-MAX

ZIRCONIA

IMPLANT SYSTEM

PLEASE STATE

Implant single unit

Implant bridge

Implant Bridge

Full Zirconia

Bridge Base Sleeve Zirconia

Titanium Bridge Base

Bridge Base Sleeve Composite

PLEASE NOTE IMPLANT TIMINGS ARE CASE SPECIFIC AND SHOULD BE DISCUSSED WITH THE LAB

Shade

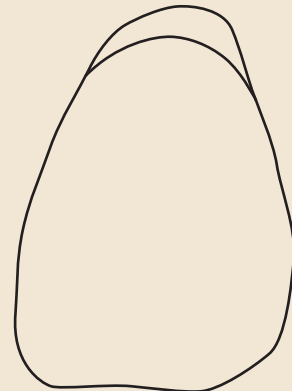
OCCLUSAL STAIN

- NONE
- MEDIUM
- HEAVY

GLAZE

- HIGH
- MEDIUM
- MATT

SHADE DETAILS & FURTHER INSTRUCTIONS



APPROVED FOR
MANUFACTURE

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 general safety and performance requirements specified in Annex I of the Medical Devices Regulations. Feedback:

ESSENTIAL REQUIREMENTS NOT MET

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

FOR SURGERY USE **DISINFECTED**

FINAL INSPECTION SIGNATURE



otsdental



otsdentallaboratory