PROSTHETICS

P&G DENTAL LABORATORY

South Business Centre
Units 2&3, Lower Rd
Garsington, Oxford OX44 9DP
Tel: 01865 602259
Email: pandgdental15@gmail.com

CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF:

Prescribing Dentist's name:	Patient's name:
Address:	Silver ☐ Gold ☐ Impression disinfected: YES ☐ NO ☐ Email sent? YES ☐ NO ☐
Telephone no:	
Age: / M/F:	
Shade:	

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

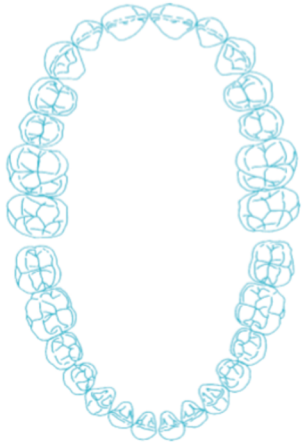
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

PLEASE DO NOT PUT PRESCRIPTIONS IN DIRECT CONTACT WITH IMPRESSIONS

RETURN DATE	
Received in Lab	
Box No.	
Sp-trays U/L	
Bite	
Try-in	
Metal try-in	
Re-try	
Finish	

BLEACHING TRAYS	
STRAIGHT: ☐	RESERVOIRS: ☐
SCALLOPED: ☐	NO RESERVOIRS: ☐
SUPER SEAL: ☐	

FULL INSTRUCTIONS:



Model: ☐ Bite & tray: ☐ Setup: ☐ Finish: ☐ B/trays/retainers: ☐

Night guard: ☐ QA: ☐

This Device conforms to the essential requirements as set out within Annexe 1 of the Medical Device Directive (93/42/Eec).