



Bremadent Premier (Bristol) Ltd
 25a St James's Street London E17 7PJ
 Tel: 020 8520 8528 Fax: 020 8520 2751
 Email: teeth@bremadent.co.uk Website: www.bremadent.co.uk

PROSTHETICS & CHROME

Work Turnaround Times
 Independent / premier 5 days
 Chrome (frame only) 5 days
 Additions & Repairs 1 day
 Lining & Relines 2 days

NOTES
 Please do not count Saturdays, Sundays, Public Holidays or days in transit as working days.

PATIENT NAME		
MALE	FEMALE	AGE
IND	PREMIER	

CASE TYPE	UPPER	LOWER
ACRYLIC DENTURE	<input type="checkbox"/>	<input type="checkbox"/>
CHROME & ACRYLIC	<input type="checkbox"/>	<input type="checkbox"/>
CHROME ONLY	<input type="checkbox"/>	<input type="checkbox"/>
DENTAL D	<input type="checkbox"/>	<input type="checkbox"/>
SWISSEDENT	<input type="checkbox"/>	<input type="checkbox"/>

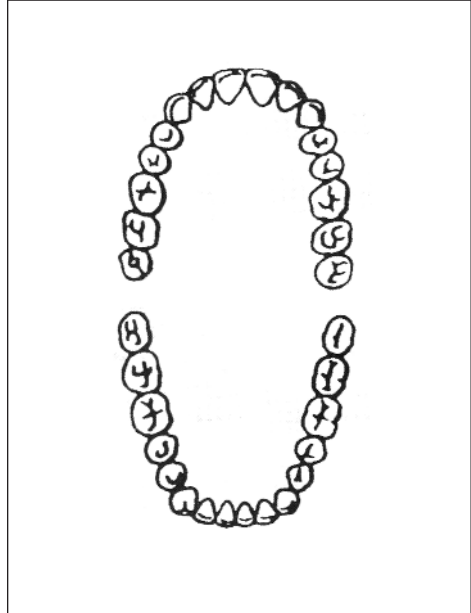
ENCLOSURES (NUMBER OF ITEMS)

BITE	ALGINATE U L
RUBBER U L	IKAM / PHOTO
STUDY MODELS	ARTICULATOR



Medical Devices Directive Number CA000175

DESIGN NOTATION



IF A SPECIFIC DESIGN IS REQUIRED, PLEASE ILLUSTRATE ABOVE OR ON PRELIMINARY MODEL.

IN THE ABSENCE OF INSTRUCTIONS WE ASSUME THAT YOU REQUIRE US TO USE THE MOST APPROPRIATE DESIGN AND THAT THIS WILL BE ACCEPTABLE.

CASE INSTRUCTIONS -

(PLEASE RETURN TWO COPIES WITH CASE AND RETAIN ONE FOR YOUR RECORDS)

TRAY / DESIGN	
DELIVERY DATE	
BITE	
DELIVERY DATE	
TRY-IN	
DELIVERY DATE	
SHADE	MOULD
RE-TRY	
DELIVERY DATE	
FINISH INSTRUCTIONS	
DELIVERY DATE	

PLEASE ENSURE THAT ALL DELIVERY DATES ARE AT LEAST ONE DAY BEFORE THE PATIENT'S APPOINTMENT