

Bremadent Premier (Bristol) Ltd
25a St James's Street Walthamstow London E17 7PJ
020 8520 8528 - office@bremadent.co.uk - www.bremadent.co.uk

Lab use only (Tray No):

DENTIST NAME & ADDRESS:				
PATIENT NAME				
MALE FEMALE AGE				
Please tick the service required:				
NHS INDEPENDENT PRIVATE EXECUTIVE				
DATE SENT				
DELIVERY DATE				
PLEASE ENSURE THAT THE DELIVERY DATE IS AT				

PLEASE ENSURE THAT THE DELIVERY DATE IS AT LEAST ONE DAY BEFORE THE PATIENT'S APPOINTMEN

**ENCLOSURES** (NUMBER OF ITEMS)

BITE

ALGINATE U L

ARTICULATOR

RUBBER U L IKAM / PHOTO

STUDY MODELS









Medical Devices Directive Number CA000175

## **CROWN & BRIDGE**

Work Turnaround Times

NHS 10 Days
Independent 7 Days
Private 5 Days
Executive (pre-booking only) 3 Days
Implantology please enquire

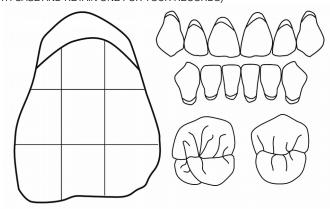
Please do not count: Saturdays, Sundays, Public Hollidays or days in transit as working days.

IMPLANTOLOGY	
CROWN	
BRIDGE UNIT	
ZIRCONIA	
CERCON CROWN (LAYERED CERAMIC)	
BRIDGE UNIT	
FULL CONTOUR ZIRCONIA CROWN	
EMAX	
CROWN	
BRIDGE UNIT	H
VENEER	HI
INLAY/ ONLAY	HI
GRADIA COMPOSITE	_
CROWN	$\sqcup$
INLAY / ONLAY	$\sqcup$
VENEER	Ш
PORCELAIN BONDED CROWN	
BONDED TO PRECIOUS METAL	
BONDED TO NON PRECIOUS METAL	
PORCELAIN BONDED BRIDGE UNIT	
BONDED TO PRECIOUS METAL	
BONDED TO NON PRECIOUS METAL	
MARYLAND (1 PONTIC / 2 WINGS)	
METAL RESTORATIONS	
FULL GOLD CROWN	
FULL METAL CROWN	
GOLD INLAY	
POST & CORE	
POST & CORE	
INTEGRAL POST & CORE	
OTHER: (PLEASE SPECIFY)	
	$\Box$
	'

## CASE INSTRUCTIONS

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

SHADE:



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 38

**INSTRUCTIONS:** 

ALLOY REQUIREMENTS	IMPLANT SYSTEM
	Dentist providing components:
	Lab to order components:

TERMS OF BUISNESS: All accounts are payable by the 28th of the month on receipt of statement.