



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):

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DENTIST NAME & ADDRESS:

PATIENT NAME

MALE  FEMALE  AGE

Please tick the service required:

NHS  INDEPENDENT  PRIVATE  SWISSEDDENT

Please tick the case type:

CASE TYPE	UPPER	LOWER
ACRYLIC DENTURE	<input type="checkbox"/>	<input type="checkbox"/>
CHROME & ACRYLIC	<input type="checkbox"/>	<input type="checkbox"/>
VALPLAST FLEXIBLE	<input type="checkbox"/>	<input type="checkbox"/>
SWISSEDDENT	<input type="checkbox"/>	<input type="checkbox"/>
IMPLANT BAR	<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

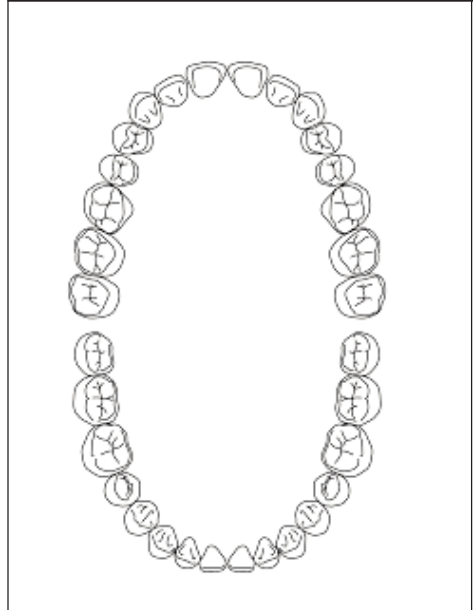
# PROSTHETICS, CHROME & FLEXIBLE

Work Turnaround Times  
 NHS 7 days  
 Private 5 days  
 Chrome (frame only) 10 days  
 Valplast 5 days  
 Additions & Repairs 1 day  
 Implantology Please enquire

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

DESIGN NOTATION

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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)

SPECIAL TRAY	DUE DATE: _____	Perforated: <input type="checkbox"/> Non-Perforated: <input type="checkbox"/>
BITE	DUE DATE: _____	
TRY-IN	DUE DATE: _____	
SHADE:		CLASP NOTATION _____
RE-TRY	DUE DATE: _____	
FINISH INSTRUCTIONS	DUE DATE: _____	XLA NOTATION _____

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

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