

Attenborough

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servicing dentistry since 1913



ATTENBOROUGH DENTAL LABORATORIES LTD
 VISCOSA HOUSE • GEORGE STREET
 NOTTINGHAM • NG1 3BN • UK
 TEL: +44 (0)115 947 3562
 FAX: +44 (0)115 950 9086
 E-MAIL: info@attenborough.com

BARCODE/ACCOUNT #		CLIENT	TODAY'S DATE
ADDRESS			
			POSTCODE
TEL	FAX	E-MAIL	

DENTURE AND ORTHODONTIC DEPARTMENTS

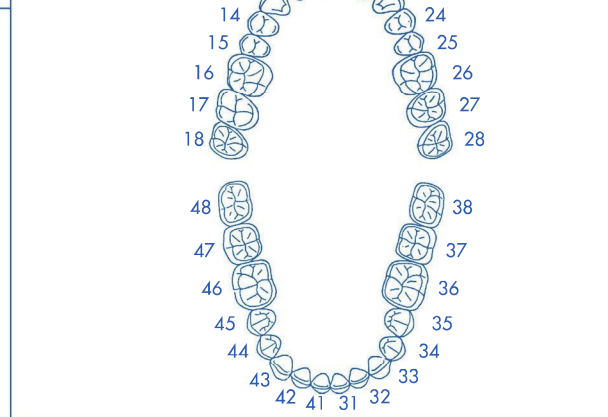
PATIENT REF	PRIORITY (24 - HOUR) <input type="checkbox"/> EXPRESS (36 - HOUR) <input type="checkbox"/> NORMAL (3 - 7 DAYS) <input type="checkbox"/>	BUDGET (NHS) <input type="checkbox"/> STANDARD (INDEPENDENT) <input type="checkbox"/> PREMIER (PRIVATE) <input type="checkbox"/>	DATE REQUIRED		
TYPE OF CASE (Please tick) MEGALLIUM (Cast Cobalt Chrome) <input type="checkbox"/> MAGNUS METAL (Swaged Stainless Steel) <input type="checkbox"/> ACRYLIC <input type="checkbox"/> LUXENE® (Vinyl injected) <input type="checkbox"/> ULTRAFLEX (Flexible injected) <input type="checkbox"/> FLEXITE (Flexible injected) <input type="checkbox"/> REPAIR OR ADDITION <input type="checkbox"/> GOLD OR PRECIOUS METAL <input type="checkbox"/> ORTHODONTIC <input type="checkbox"/> GUM SHIELD <input type="checkbox"/>	TYPE OF BASE FULL <input type="checkbox"/> PARTIAL PLATE <input type="checkbox"/> SINGLE BAR SKELETON <input type="checkbox"/> MULTI BAR SKELETON <input type="checkbox"/> STIPPLED FINISH <input checked="" type="checkbox"/> MIRROR FINISH <input type="checkbox"/>	BUDGET <input type="checkbox"/> STANDARD <input type="checkbox"/> PREMIER <input type="checkbox"/>	STAGES CAST IMPRESSION <input type="checkbox"/> DUPLICATE MODEL <input type="checkbox"/> SPECIAL TRAY <input type="checkbox"/> BITE <input type="checkbox"/> TRY IN <input type="checkbox"/> RETRY IN <input type="checkbox"/> FINISH <input type="checkbox"/> RELINE <input type="checkbox"/> BASE ONLY <input type="checkbox"/>	U / L U <input type="checkbox"/> L <input type="checkbox"/>	STAGE DATES

DESIGN

RETENTION ON METAL BASES Raised relinable retention - Standard and Premier only GRID (Viscoform® G.R. 1) <input type="checkbox"/> LOOPS (Viscoform® L.R. 1) <input type="checkbox"/> LATTICE <input type="checkbox"/> D. E. HINGES <input type="checkbox"/> Non-relinable retention:- TAGS, U-LOOPS, POSTS <input type="checkbox"/> GAUZE WELDED <input type="checkbox"/> All with finishing bead except Budget	RETAINERS Where backings and cut rests are required bases will be constructed and charged at the standard specification. Clasps: 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 CAST <input type="checkbox"/> GOLD <input type="checkbox"/> ST. STEEL <input type="checkbox"/> WROUGHT <input type="checkbox"/> DENTAL D ® (Acetyl Resin) <input type="checkbox"/> Rests: 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 Onlays: 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 Backings: 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	CONTOURING <input type="checkbox"/> <input type="checkbox"/> STIPLING <input type="checkbox"/> <input type="checkbox"/> BALANCED OCCLUSION <input type="checkbox"/> <input type="checkbox"/> SOFT LINING <input type="checkbox"/> <input type="checkbox"/> CLEAR PALATE <input type="checkbox"/> <input type="checkbox"/> RELIEF <input type="checkbox"/> <input type="checkbox"/> STRENGTHENER <input type="checkbox"/> <input type="checkbox"/>
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SHADE	TEETH FOR IMMEDIATE REMOVAL 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	DESIGN
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Rx NHS Code/Item No.



THE CUSOM MADE NON-STERILE DEVICE to be manufactured is intended for the exclusive use of the above patient and will be made to the prescription of the customer shown above, who is responsible for the design and marketing of the device. **THE THIRD PARTY**, being the manufacturer, to whom this is sub-contracted, is Attenborough Dental Laboratories Ltd who certifies that it will conform to the relevant essential requirements as set out in Annex 1 of the Medical devices Directive (93/42/EEC). **ANY** relevant requirements not met and reasons why will be listed on the accompanying invoice. **THE DEVICE** will be manufactured under a quality assurance system conforming to ISO 9001:2015 and ISO 13485:2016, approved by the British Standards Institute, using materials that have a CE mark or have been tested and approved under the Company's quality control procedures. MDD Registration No. CA 000493. **IMPRESSIONS** must be decontaminated according to BDA/MDA/DIA/BDIA cross-infection control guidelines against Bacteria, Fungal and Viruses (including, but not limited to: H.I.V., H.B.V., T.B.) **BEFORE** despatch to our laboratories. Good, sharp impressions are essential. **ALGINATE IMPRESSIONS** should be cast immediately after removal from the mouth and not sent through the post for working models. **YOUR MODELS** should be cast in stone plaster for all metal work. **YOUR PATIENTS** should be instructed that certain disinfectants or antiseptics may damage dentures. **SHADE** Quote Porcelain shades and make where porcelain teeth or Facings are required, and similarly Acrylic shades for Acrylic teeth. **UNLESS** indicated above, all cases will be constructed under our Normal (3-7 day) service and charged at standard specification. A laboratory time reservation system is available by advanced notice. **COMPLAINTS** with regard to the execution of any work must be made within 10 days of the date of the invoice, the work, models, and patient recordings to which it was made must be returned for inspection.

FOR OFFICE USE ONLY

Date Received		IMP <input type="checkbox"/>	WB <input type="checkbox"/>	O/CST <input type="checkbox"/>
Time Received		MOD <input type="checkbox"/>	BB <input type="checkbox"/>	ART <input type="checkbox"/>
Opened by		ST <input type="checkbox"/>	MB <input type="checkbox"/>	JIG <input type="checkbox"/>
Registered		PT <input type="checkbox"/>	C/B/I/V <input type="checkbox"/>	C/RNG <input type="checkbox"/>
		MT <input type="checkbox"/>	TEETH <input type="checkbox"/>	PIC/X <input type="checkbox"/>
		DENT <input type="checkbox"/>	TI <input type="checkbox"/>	# <input type="checkbox"/>
		ABUT <input type="checkbox"/>		Other <input type="checkbox"/>

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CROWN, BRIDGE AND IMPLANT DEPARTMENTS

PATIENT REF	PRIORITY (24 - HOUR)	<input type="checkbox"/>	BUDGET (NHS)	<input type="checkbox"/>	STANDARD (INDEPENDENT)	<input type="checkbox"/>	PREMIER (PRIVATE)	<input type="checkbox"/>	DATE REQUIRED
	EXPRESS (36 - HOUR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	NORMAL (3 - 7 DAYS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

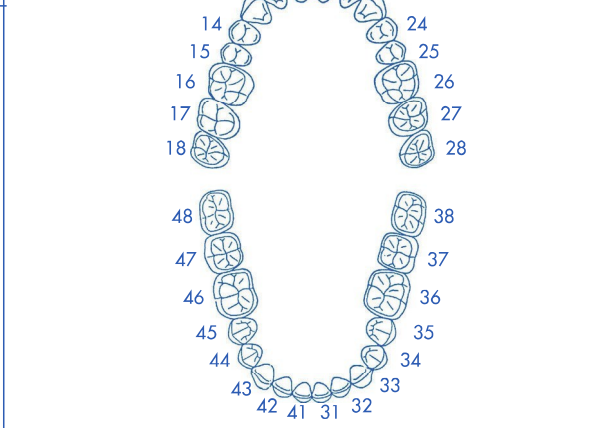
TYPE OF CROWN, INLAY OR VENEER				TYPE OF BRIDGE, PONTIC OR RETAINER			
Jacket Crown	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Bridge (design below)	<input type="checkbox"/>
Cast Full Crown	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Maryland	<input type="checkbox"/>
Post & Core	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Rochette	<input type="checkbox"/>
Inlay	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Cantilever	<input type="checkbox"/>
Veneer	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Removable (Precision attachments)	<input type="checkbox"/>

MATERIAL

BONDING ALLOY VITA VM 13®	NON-BONDING ALLOY	CERAMIC	COMPOSITE / GLASS
Very High % Gold Content (Yellow) <input type="checkbox"/>	22ct Gold (Yellow) <input type="checkbox"/>	VITA In-Ceram® Zirconia <input type="checkbox"/>	TempCAD® (PMMA) <input type="checkbox"/>
Very High % Gold Content (White) <input type="checkbox"/>	75% Gold (Yellow) <input type="checkbox"/>	Rhyolite® (Opaque ZrO2) <input type="checkbox"/>	DC-Tell® <input type="checkbox"/>
45% Gold Content <input type="checkbox"/>	60% Gold (Yellow) <input type="checkbox"/>	Crystal® (High translucency ZrO2) <input type="checkbox"/>	Adoro® <input type="checkbox"/>
Megallium® (CoCr Non-Precious) <input type="checkbox"/>	Precious Metal (White) <input type="checkbox"/>	LAVA ULTIMATE® (nano hybrid) <input type="checkbox"/>	dialog® <input type="checkbox"/>
DC-Titan® (Titanium) <input type="checkbox"/>	Non-Precious Metal <input type="checkbox"/>	VITA Enamic® (hybrid) <input type="checkbox"/>	GC GRADIA <input type="checkbox"/>
CAD-CAM COPINGS & FRAMEWORKS	Milling Only <input type="checkbox"/>	Empress® <input type="checkbox"/>	GLASS belleGlass HIP <input type="checkbox"/>
Available in DC-Tell®, DC-Titan®, DC-Cristall®, InCeram® Zirconia, and DC-Zircon®	Scanning and Milling <input type="checkbox"/>	IPS e.max® (lithium disilicate) <input type="checkbox"/>	StickTech <input type="checkbox"/>
All in 36-Hours as Standard			

SHADE	CHARACTERISATION	PONTIC DESIGN
NOTATION		<input type="checkbox"/> Full Ridge <input type="checkbox"/> Ridge Lap <input type="checkbox"/> No Contact <input type="checkbox"/> Point Contact <input type="checkbox"/> Socketted
		DESIGN

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		ABUT <input type="checkbox"/>	# <input type="checkbox"/>
			O/CST <input type="checkbox"/>
			ART <input type="checkbox"/>
			JIG <input type="checkbox"/>
			C/RNG <input type="checkbox"/>
			PIC/X <input type="checkbox"/>
			Other <input type="checkbox"/>