

## **Laboratory Prescription**



## DENTAL LABORATORY

P.O. Box 53, Gravesend, Kent DA12 1ZT Telephone & Fax: 01474 332305



Patient			
Male	Female	Age	
Private	Independant	Economy	

For dental insurance schemes please tick one of the above

Crown

Other

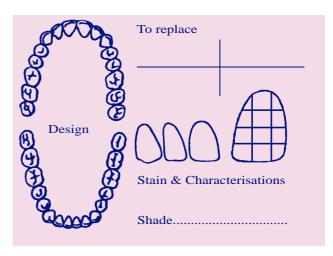
## **Type of Case**

Bridge

Case Instructions
Prescribing Dentist

Sheet No: Job.No:

Finish Date:



## **Enclosures**

Alginate U/L	F	Bite		Study Models			
Rubber U/L	F	Photo					
Alloy requirements (Tick Box)  □ Non-Precious □ High-Gold Bonding Alloy □ 60% Gold Casting □ 40% Gold Casting							
1	2	3	4	5			
6	7	8	9	10			