

••• Please fill in completely and keep a copy •••

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MediMatch dental laboratory DAMAS



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Acc./PO no.: Dr. (name) Post code: ___ -Mobile: ____ *No patient personal data* _____ Age: ___ Initials: ___ /_ Your case reference: **Delivery date** Always give us 10 full working days for lab use only, real app. (d/m/y) _____ / ___ = 1 working day before the real appointment ☐ Crown or ☐ Bridge number of units: _____ ☐ Porcelain bonded ☐ Zirconia Uniblock (one shade only, glaze only no stain) £47.00 For lab use only, Opened by: ☐ Full metal (Co-Cr / silver colour) □ Composite 2 ☐ Maryland Bridge number of wings: ___ or \square Onlay ☐ Composite ☐ Zirconia Uniblock (one shade only) £47.00 For lab use only, enclosed / missing: ☐ Post & Core - Crown (Post in metal only) □ Integral LOWER ☐ Separate ₽ □ Veneer □ Composite **Shade** - use VITA guide (please circle) Please write the Shade:_ gingival 15 14 13 12 11 21 22 23 24 25 45 44 43 42 41 31 32 33 34 35 incisal I have <u>disinfected</u> the impression with: ___ NHS by: _____ 0 Model back £ 5.30 0 Multiple shading £8.60 $\hfill\square$ Please always check your impressions, poor impressions may be liable 0 Metal backing £ 5.60 to a minimum handling charge of £10 0 Fit crown under denture £ 15.00 ☐ This case is a remake case 0 Case = 2 units £ 5.00 ☐ I have enclosed new or old components _ O Case > 2 units Surcharge applies Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit medimatch.co.uk