• • • Please fill in completely and keep a copy • • •
MediMatch *dental laboratory*
DAMAS Dental Appliance Manufacturers Audit Scheme
www.medimatch.co.uk
T: 020 3875 8530
MHRA: 8879 • Damas • DLA member • Unit 2, The Works, Colville Road, London, W3 8BL • United Kingdom

CROWN & BRIDGE NHS

for lab use only, real app.

.....- ..... @ .....
.....- ..... @ .....
.....- ..... @ .....

For lab use only, Opened by:

1	2

For lab use only, enclosed / missing:

1

Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data
Your case reference: _____ Age: ____ Initials: ___ /___

3

Delivery date Always give us **10 full** working days

(d/m/y) _____ / _____ / _____ = 1 working day before the real appointment

4

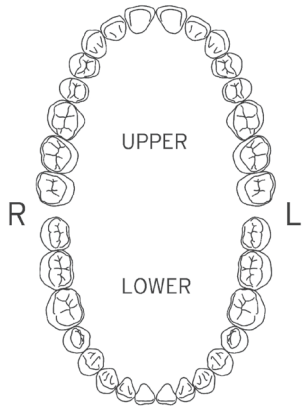
☐ **Crown** or ☐ **Bridge** number of units: _____
- ☐ Porcelain bonded
- ☐ Zirconia Uniblock (one shade only, glaze only no stain) £47.00
- ☐ Full metal (Co-Cr / silver colour)
- ☐ Composite

☐ **Maryland Bridge** number of wings: _____

☐ **Inlay** or ☐ **Onlay**
- ☐ Composite
- ☐ Zirconia Uniblock (one shade only) £47.00

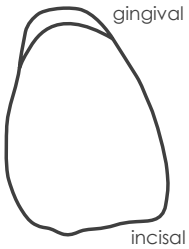
☐ **Post & Core - Crown** (Post in metal only)
- ☐ Integral
- ☐ Separate

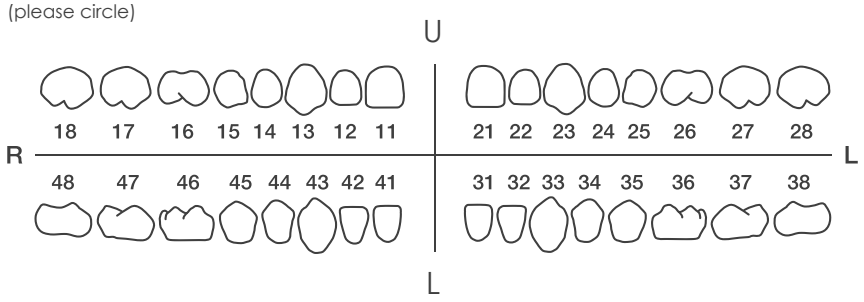
☐ **Veneer**
- ☐ Composite



5

Shade - use VITA guide (please circle)





I have <u>disinfected</u> the impression with: _____

by: _____

NHS only

☐ Please always check your impressions, poor impressions may be liable to a minimum handling charge of £10
☐ This case is a remake case
☐ I have enclosed new or old components _____

0 Model back	£ 5.30
0 Multiple shading	£ 8.60
0 Metal backing	£ 5.60
0 Fit crown under denture	£ 15.00
0 Case = 2 units	£ 5.00
0 Case > 2 units	Surcharge applies

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DENTURE or FRAME NHS

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.....- ..... @ .....

.....- ..... @ .....

For lab use only, Opened by:

1	2
4	3

1

Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data

Your case reference: _____ Age: ____ Initials: ___ /___

3

Specify: **Acrylic Denture** or **Metal Frame** OPTIONALLY PRIVATE ONLY **MediFlex** PLEASE CIRCLE

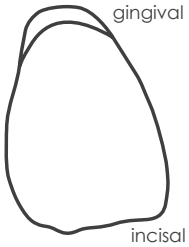
4

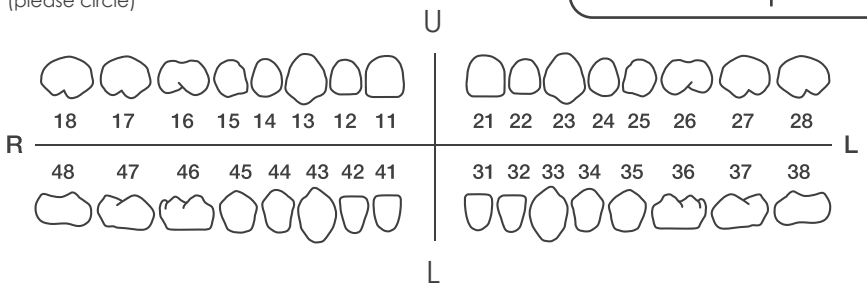
Stage Always give us **10 full** working days **Delivery Date**

☐ **Special Tray**	U / L	Date: _____ / _____ / _____
☐ **Bite**	U / L	Date: _____ / _____ / _____
☐ **Try In**	U / L	Date: _____ / _____ / _____
☐ **Finish**	U / L	Date: _____ / _____ / _____
☐ or: Finish **in one** session	U / L	Date: _____ / _____ / _____

5

Shade - use VITA guide (please circle)





6

Instructions ***PLEASE, tell us if roots will be extracted and at what stage***

☐ Immediate denture teeth on: _____ → ☐ @ try in

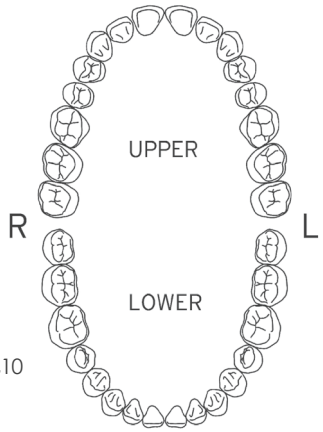
→ ☐ @ finish

☐ Make clasps on: _____

I have disinfected the impression with: _____

by: _____

NHS only



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☐ This case is a remake case

☐ I have enclosed new or old components _____

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...../..... @ .....

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Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data

Your case reference: _____ Age: ____ Initials: ___ /___

3

Delivery date Always give us **10 full** working days

(d/m/y) _____ / _____ / _____ = 1 working day before the real appointment

4

Margin (for porcelain bonded)

- ☐ No metal margin
- ☐ Metal margin lingual / palatal (= standard)
- ☐ Metal all around by ____ mm (standard <0,2mm)
- ☐ Metal backing
- ☐ Metal backing + metal palatal cusp
- ☐ Porcelain facing only

For lab use only, enclosed / missing:

I have <u>disinfected</u> the impression

with: _____

by: _____

Pictures? E-mail to: questions@medimatch.co.uk

5

* See also dedicated order form

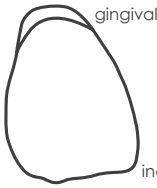
Restoration

For lab use only, Opened by: 1 | 2

- ☐ **Full-ceramic***
  - ☐ e.max press (aesthetic ++) £115
  - ☐ e.max cad cam (aesthetic +) £115
  - ☐ Zirconia build up (aesthetic ++) £115
  - ☐ Multi Layer Zirconia (aesthtic +) £110
  - ☐ Zirconia full countour (aesthetic) £85 (= with stain and glaze)
- ☐ **Porcelain bonded**
  - ☐ non precious (Co-Cr)
  - ☐ semi precious (Pd)
  - ☐ precious, Gold (Au)
- ☐ **Full Metal** ☐ Co-Cr ☐ Pd ☐ Au
- ☐ **Composite**
- ☐ **Post and core** ☐ Co-Cr ☐ Pd ☐ Au ☐ Integral ☐ Separate

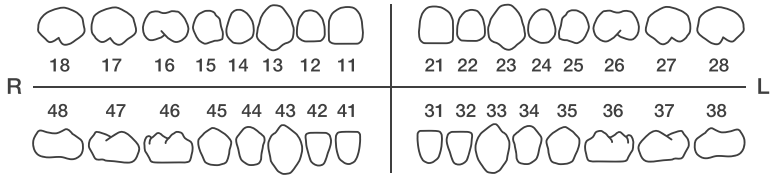
6

Shade - use VITA guide



- ☐ Bridge B
- ☐ Crown C
- ☐ Inlay I
- ☐ Onlay O
- ☐ Veneer V
- ☐ Wings on nr: ____

(please circle and indicate: B, C, I, O, V)



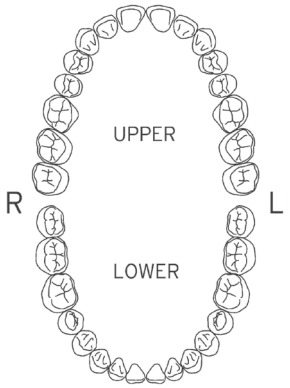
7

Instructions

- ☐ Porcelain **butt margin** on: _____
- ☐ **Telescopic** crowns on: _____
- ☐ Special **attachments** on: _____
- ☐ **Wax up** on: _____

PRIVATE only

☐ Zirconia (Cad-Cam) is available as the original cercon zirconia - £125



- ☐ Please always check your impressions, poor impressions may be liable to a minimum handling charge of £10
- ☐ This case is a remake case
- ☐ I have enclosed new or old components _____

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1 Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2 *No patient personal data*

Your case reference: _____ Age: ____ Initials: ___ /___

3 **Specify:** **Acrylic Denture** or **Metal Frame** or **MediFlex** PLEASE CIRCLE

4 **Stage** Always give us **10 full** working days **Delivery Date**

☐ **Special Tray**	U / L	Date: _____ / _____ / _____
☐ **Bite**	U / L	Date: _____ / _____ / _____
☐ **Try In**	U / L	Date: _____ / _____ / _____
☐ **Finish**	U / L	Date: _____ / _____ / _____
☐ or: Finish **in one** session	U / L	Date: _____ / _____ / _____

DENTURE or FRAME PRIVATE

for lab use only, real app.

.....- ..... @ .....

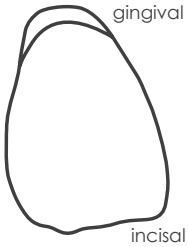
.....- ..... @ .....

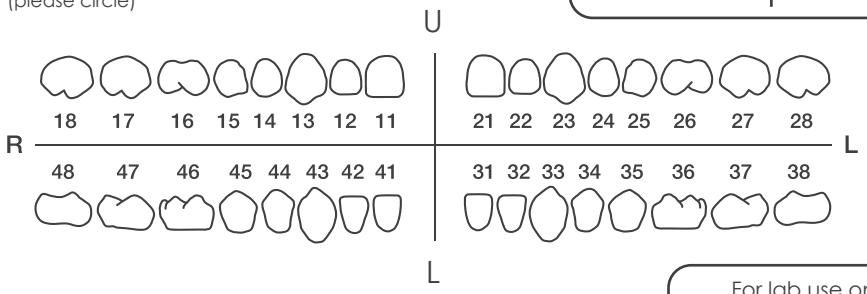
.....- ..... @ .....

For lab use only, Opened by:

1	2
4	3

5 **Shade** - use VITA guide (please circle)





6 **Instructions**

☐ Telescopic crowns on: _____

☐ Special attachment on: _____

☐ Immediate denture teeth on: _____ → ☐ @ try in

PLEASE, tell us if roots will be extracted and at what stage → ☐ @ finish

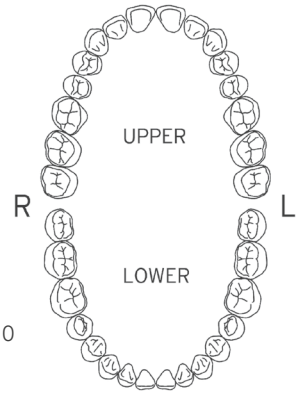
☐ Make clasps on: _____

For lab use only, enclosed / missing:

I have disinfected the impression with: _____

by: _____

PRIVATE only



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1

Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data

Your case reference: _____ Age: ____ Initials: ___ /___

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Delivery date Standard is **10 full** working days.

(d/m/y) _____ / _____ / _____ = 1 working day before the real appointment

FULL CERAMIC PRIVATE

for lab use only, real app.

....._____ ..... @ .....

....._____ ..... @ .....

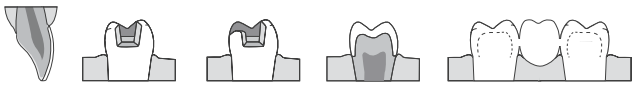
4

Instructions - For anterior cases:

- ☐ Study model _____
- ☐ Wax up _____
- ☐ Stent for temporaries on wax up _____

5

E.MAX



VENEER ☐ INLAY ☐ ONLAY ☐ CROWN ☐ BRIDGE ☐ Max. 3 units, no cantilever, don't do 6 or 7 as a pontic.

☐ **e.max press, posterior and anterior**
A very aesthetic option - 10 days in lab needed - £115

☐ **e.max cad cam - speed service available pre-booked only.**
Milled out of one block - from £115

ZIRCONIA

(VENEER) ☐ INLAY ☐ ONLAY ☐ CROWN ☐ BIG SPAM BRIDGE ☐

Standard is **10 full** working days.

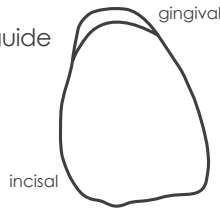
☐ **Zirconia aesthetic, posterior and anterior**
A zirconia core with porcelain build up - £115
(also available as **Cercon Zirconia, the original brand** @£125 - 10 days in lab needed)

☐ **Multi Layer Zirconia**
A multi layer zirconia core with staining and glazing £110

☐ **Full contour zirconia, made out of one pre-shaded block.**
Staining & glazing added on the core but no porcelain build up - £85 - 10 days in lab needed

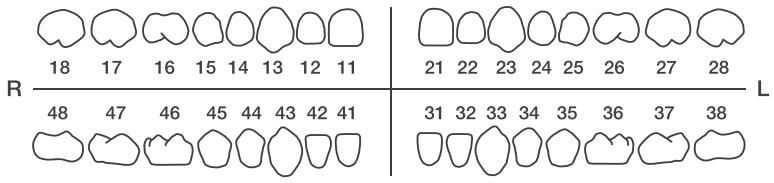
6

Shade
use VITA guide



- ☐ Bridge B
- ☐ Crown C
- ☐ Inlay I
- ☐ Onlay O
- ☐ Veneer V

(please circle and indicate: B, C, I, O, V)

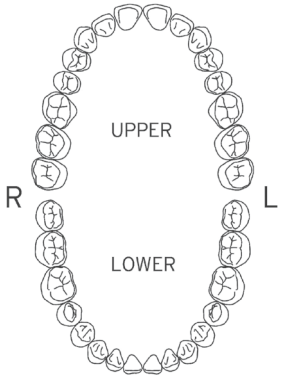


Remarks / Notes

PRIVATE only

I have <u>disinfected</u> the impression with: _____

by: _____



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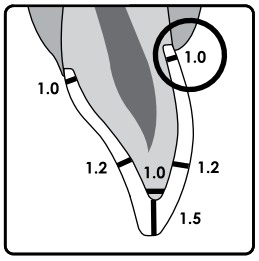
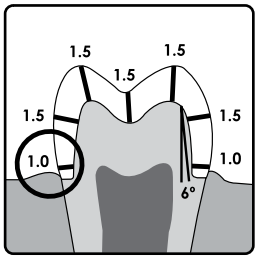
FULL CERAMIC
PRIVATE
ADVICE AND INFORMATION

AS A GUIDELINE ONLY

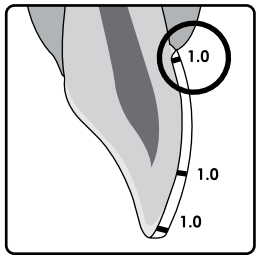
Anterior crown



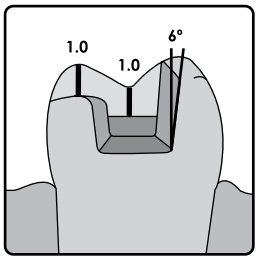
Posterior crown



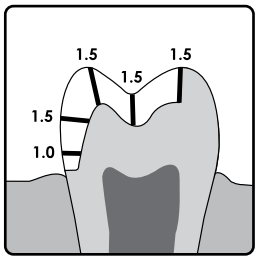
Veneers



Onlay / Inlay



Partial crown



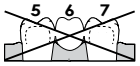
4

Instructions - For anterior cases:
Manage the expectation of your patient by making a wax up and requesting a stent over the wax up to be able to base your temporaries on the wax up. Send us an impressions of the temporaries and tell us what you would like to copy and what you would like to improve.

5

E.MAX

Contraindications:
- very deep subgingival preparations
- patients with severely reduced residual dentition
- parafunctions, e.g. bruxism
- provisional insertion/trial wear period
- bridges with a pontic beyond 5's or bigger then 9mm



- cantilever bridges

- more then 3 unit bridges
- adjustments without polishing (please use appropriate burs only)
- always indicate if there is strong discolourations on the die
- don't make sharp corner preparations
- for inlays/onlays the preparation margins must not be located on centric antagonist contacts

ZIRCONIA

Contraindications:
- very deep subgingival preparations
- provisional insertion/trial wear period
- adjustments without polishing (please use appropriate burs only)
- always indicate if there is strong discolourations on the die
- don't make sharp corner preparations
- for veneer cases give us a "wrap around the incisal edge"
- check bonding procedures, and repeat these regardless of lab procedures
- wings are charged as units

6

Shade

** **Do you want to email a picture?** Show the shade tab in the picture, specify what shade you have used and send it to **questions@medimatch.co.uk**.
Please put patient reference and post code in the subject field of your email.

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T: 020 3875 8530

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IMPLANT PRIVATE

1

Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data

Your case reference: _____ Age: ____ Initials: ___ /___

3 **Stage** Always give us **12 full** working days **Delivery Date**

☐ ..... U / L Date: _____ / _____ / _____

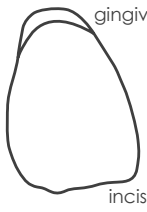
☐ ..... U / L Date: _____ / _____ / _____

☐ ..... U / L Date: _____ / _____ / _____

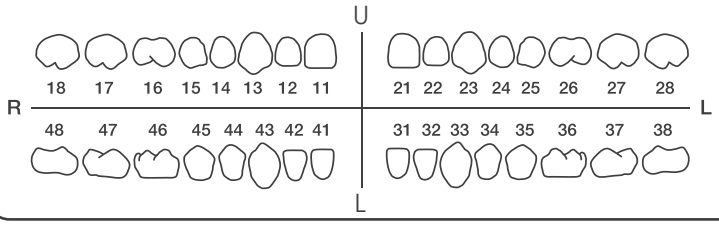
☐ ..... U / L Date: _____ / _____ / _____

☐ ..... U / L Date: _____ / _____ / _____

4 **Shade** - use VITA guide



5 **Indicate implant system + Platform** (please circle)



LAB USE ONLY

for lab use only, real app.

.....- ..... @ .....

.....- ..... @ .....

6

System _____ acc. no. _____

Platform _____ on no. _____

For lab use only, Opened by:

1	2
4	3

7 **Restoration**

will be ☐ **Cement** retained

☐ **Screw** retained

☐ **Crown**

☐ **Bridge**

☐ **Full-ceramic**

☐ zirconia build up (aesthetic ++)

☐ zirconia full countour (aesthetic --)

☐ **Porcelain Bonded**

☐ non precious (Co-Cr)

☐ semi precious (Pd)

☐ precious, gold (Au)

☐ **Temporary Crown**

☐ Acrylic

☐ Composite Bonded

8 **Abutment:**

☐ CAD/CAM abutment made **MediMatch*** ** please check availability and pricing*

☐ ordered from supplier

☐ .....

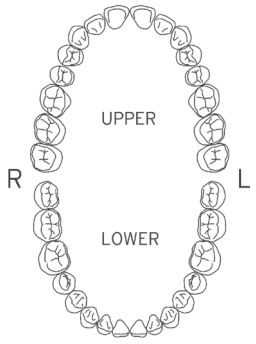
9 **I have sent:** (always send bite on implant/preparation)

	enclosed	please order	amount of		enclosed	please order
Abutment	☐	☐	_____	Final screw:		
Lab screw	☐	☐	_____	Ti	☐	☐
Analogue	☐	☐	_____	Gold	☐	☐

I have <u>disinfected</u> the impression with: _____

by: _____

Implants only



☐ Please always check your impressions, poor impressions may be liable to a minimum handling charge of £10

☐ This case is a remake case

☐ I have enclosed new or old components _____

Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit medimatch.co.uk

Dental appliance information and delivery note: Dental product designed to satisfy the information, properties and detail of what has been prescribed by the above dentist. Purely for use for the patient described with the above reference. The product meets the general safety and performance requirements entailed in the Annex I and Annex VIII of the Medical Devices Directive and the United Kingdom Medical Devices Regulations act SI 2002 No. 618. This product may have been produced in either or both UK and China by MediMatch. ***Instructions for use, storing & handling:*** It is highly recommended that the product is stored in a clean and safe environment if not used immediately. It is also advised that there must be no contact with materials, liquids or acids that could cause disfiguration or damage to the product. The product should not be subjected to extreme heat. Where applicable, you should take care not to damage the dental piece(s) when removing from its model. ***Prescriber Feedback:*** To enable our laboratory to comply with the medical devices regulations for post market surveillance, please inform us of any feedback or issues regarding the enclosed device as soon as possible. THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILIZED STATE

November 2025

••• Please fill in completely and keep a copy •••
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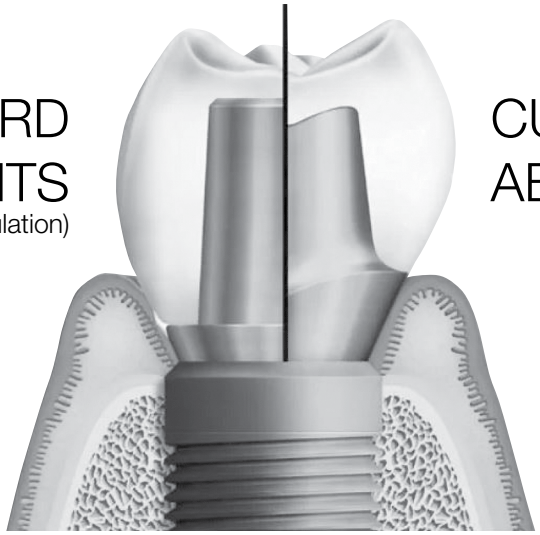
www.medimatch.co.uk
T: 020 3875 8530
MHRA: 8879 • Damas • DLA member • Unit 2, The Works, Colville Road, London, W3 8BL • United Kingdom

IMPLANT PRIVATE

STANDARD ABUTMENTS
(Fixed shape and angulation)



CUSTOM ABUTMENTS

How to choose?

Standard abutment Pros	Standard abutment Cons	Custom abutment Pros	Custom abutment Cons
May reduce the cost of the restoration.	Margin placement of the crown is predetermined and cannot be precisely controlled to achieve the best results possible.	It will fit perfectly on the implant, will support the gum tissue, and is milled to your precise specifications.	May be higher in cost.
Standard abutments have a standard range, and each can be adjusted. There are different types of stock abutments that will work with most cases.	The angled abutments never seem to quite match the actual angulation required to yield a proper profile, and require lots of adjustment.	May be used with both bone-level or tissue-level implants.	We cannot mill all implant systems, there is a limited list of implant systems that we can offer as cad cam.
Original implant connection.	It is not ideal for the aesthetic zone, it may be difficult for the lab technician to achieve an optimal emergence profile and have the gingival tissue be supported properly with respect to the adjacent teeth.	Allows for an ideal crown preparation with proper angulation corrections and a more lifelike emergence profile. The margin is able to rest at the most aesthetic level with the tissue, making it much easier for the patient to cleanse and maintain healthy gingiva around the implant.	Implant connection is a replica/compatible connection and is not the original connection.

November 2025

••• Please fill in completely and keep a copy •••
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T: 020 3875 8530
MHRA: 8879 • Damas • DLA member • Unit 2, The Works, Colville Road, London, W3 8BL • United Kingdom

1 Dr. _____ (name) GDC No: _____
Post code: _____- _____ Mobile: _____

2 *No patient personal data*
Your case reference: _____ Age: ____ Initials: ___ /___

3 **Delivery date** Always give us **10 full** working days
(d/m/y) _____ / _____ / _____ = 1 working day before the real appointment

ORTHODONTIC ALIGNERS PRIVATE
for lab use only, real app.
.....- ..... @ .....
.....- ..... @ .....

For lab use only, enclosed / missing:

For lab use only, Opened by:
1 | 2

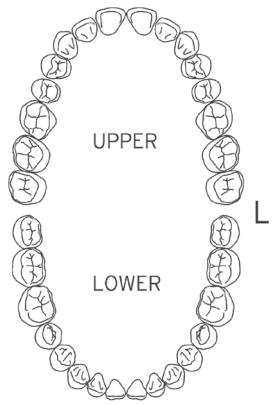
4 ☐ **Treatment plan only £30**

5 **Options:**
☐ Review plan by Orthodontist (£75) *
☐ Aligner only: £12 per aligner (single arch), £24 for upper and lower together.

6 **Refinement:**
☐ Free treatment plan: £0.0
☐ Refinement tray: £7.5 per aligner (single arch), £15 for upper and lower together.

PRIVATE only

Remarks / Notes



☐ Both

☐ * Reviewing the plan will take longer to send.
☐ Aligner cases are only available for digital scans.
☐ This case is a remake case
☐ I have enclosed new or old components _____

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November 2025

DIRECT BONDING

For lab use only, real app.

..... - ..... @ .....

..... - ..... @ .....

For lab use only, Opened by:

1	2
4	3

1

Dr. _____ (name) GDC No: _____

Post code: _____- _____ Mobile: _____

2

No patient personal data

Your case reference: _____ Age: ____ Initials: ___ /___

3

Delivery Date

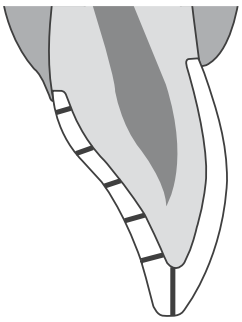
U / L Date: _____ / _____ / _____

4

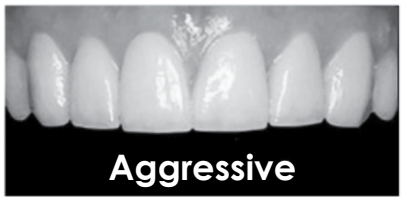
Detail:
Select the shape of cusps:

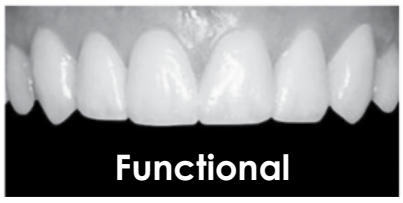
☐ Flat ☐ Pointed ☐ Round

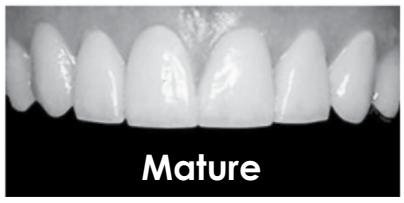
Please shade in where to stop the wax up on the palatal surface.

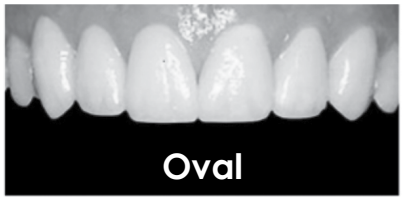


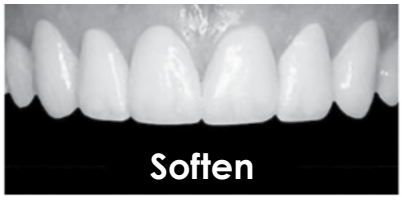
Circle smile shape and draw preference onto picture.











MediMatch *dental*

www.medimatch.com

DAMAS Dental Appliance Manufacturers Audit Scheme

MHRA: 8879 • Damas • DLA member • Unit 2, The Works, 37 Colville Road, London, W3 8BL • UK

5 **Instructions:** (please tick and select teeth)

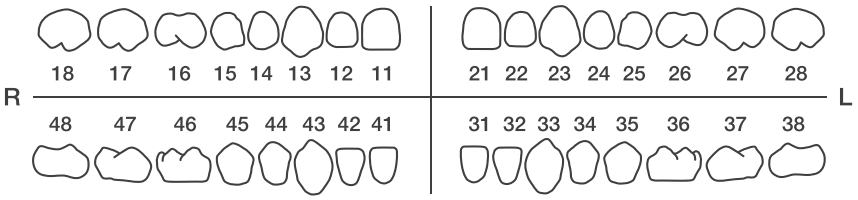
☐ Digital Wax Up
☐ Print Models

Tell us what you are sending:

Which scanner do you use?

_____

☐ Digital Impressions
☐ Digital and Analogue impressions



Tell us which stent you want:

☐ Stent covering all teeth - soft or exaclear (please circle)
☐ Stent covering alternating teeth - soft or exaclear (please circle)
☐ Putty for temporaries

6 **Additional Information:**

7 **Add materials and products to your order:**

☐ G-aenial Universal Injectable Syringe 1ml 1.7g Shade: _____

O XBW	O BW	O A1	O A2	O A3	O A3.5	O A4	O B1
O B2	O CV	O CVD	O AO1	O AO2	O AO3	O AE	O JE

☐ Exaclear Cartridge
☐ GC Diapolisher Paste
☐ G permio-bond
☐ G-aenial A'CHORD Refill Syringe 2.1ml 4g Shade: _____
☐ EVE Diacomp Plus Twist (Polisher bur for GC injectable) 11mm, 14mm
☐ iLED II Wireless Light Cure Woodpecker

ORDER YOUR GC MATERIAL HERE

8 Upload a picture of this form with you scan or send it via whatsapp using the QR code, or email questions@medimatch.co.uk

When you send the scan please indicate 'form emailed' or 'form in whatsapp'.

COMING SOON Upload your pictures and lab docket via the MediMatch website. Register at https://lab.medimatch.com/

☐ Please always check your impressions, poor impressions may be liable to a minimum handling charge of £10
☐ This case is a remake case
☐ I have enclosed new or old components _____

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