



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

MediMatch dental laboratory



www.medimatch.co.uk

T: 020 3875 8530

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

1 Dr. _____ (name) Acc./PO 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

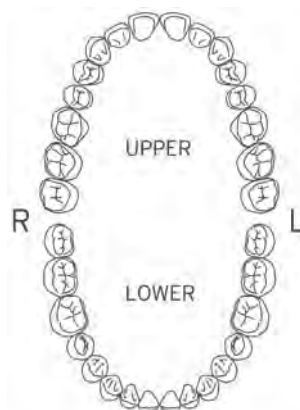
4 ☐ **Crown** or ☐ **Bridge** number of units: _____
_____ ☐ Porcelain bonded
_____ ☐ Zirconia Uniblock (one shade only, glaze only no stain) £39.95
_____ ☐ Full metal (Co-Cr / silver colour)
_____ ☐ Composite

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

☐ **Inlay** or ☐ **Onlay**
_____ ☐ Composite
_____ ☐ Zirconia Uniblock (one shade only) £39.95

☐ **Post & Core** (metal only)
_____ ☐ Integral
_____ ☐ Separate

☐ **Veneer**
_____ ☐ Composite



**CROWN
& BRIDGE
NHS**

for lab use only, real app.

_____ - _____ @ _____
_____ - _____ @ _____
_____ - _____ @ _____

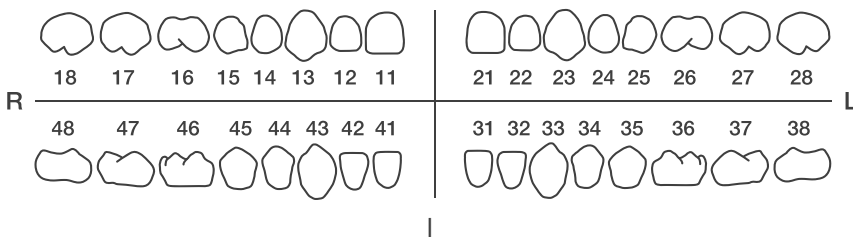
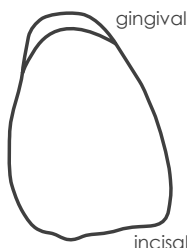
For lab use only, Opened by:

1 | 2

For lab use only,
enclosed / missing:

5 **Shade** - use VITA guide

(please circle)



I have disinfected 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 £ 5.60
0 Multiple shading £ 15.00
0 Metal backing £ 5.60
0 Fit crown under denture £ 15.00
0 Case = 2 units £ 5.00
0 Case > 2 units Surcharge applies

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**



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1 Dr. _____ (name) Acc./PO 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: ____ / ____ / ____

DENTURE or FRAME NHS

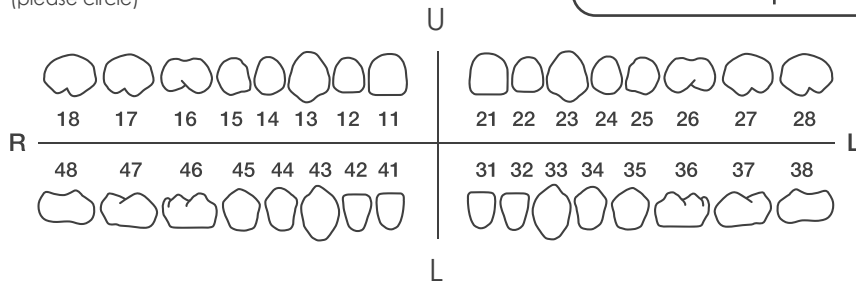
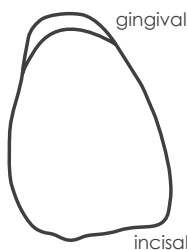
for lab use only, real app.

..... - @
 - @
 - @

For lab use only, Opened by:

1	2
4	3

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



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

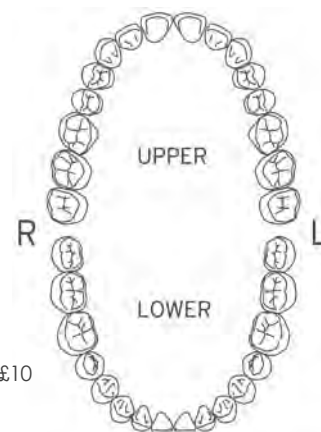
☐ Immediate denture teeth on: _____ → ☐ @ try in

☐ Make clasps on: _____ → ☐ @ finish

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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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 **disinfected** the impression

! with: _____
by: _____

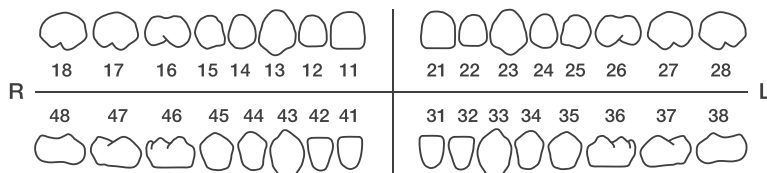
Pictures? E-mail to: questions@medimatch.co.uk

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: _____

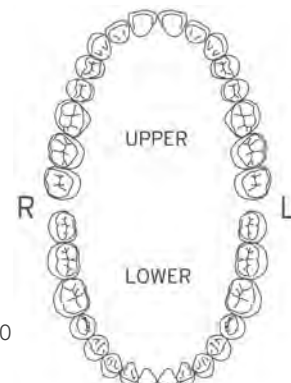
PRIVATE only

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

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☐ This case is a remake case

☐ I have enclosed new or old components _____

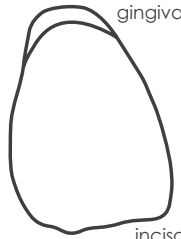
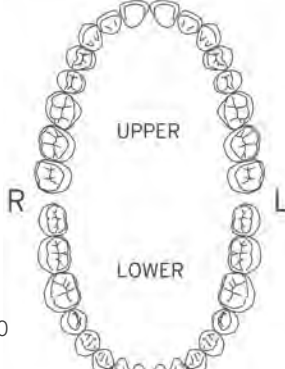


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1	Dr. _____ (name) Acc./PO no.: _____ Post code: _____ - _____ Mobile: _____	<h1 style="margin: 0;">DENTURE or FRAME PRIVATE</h1> <p style="font-size: small; margin-top: 10px;">for lab use only, real app.</p> <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: x-small;">.....-@</div> <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: x-small;">.....-@</div> <div style="display: flex; justify-content: space-between; font-family: monospace; font-size: x-small;">.....-@</div>
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 <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Special Tray <input type="checkbox"/> Bite <input type="checkbox"/> Try In <input type="checkbox"/> Finish <input type="checkbox"/> or: Finish in one session</div><div><div>U / L Date: ____ / ____ / ____</div><div>U / L Date: ____ / ____ / ____</div><div>U / L Date: ____ / ____ / ____</div><div>U / L Date: ____ / ____ / ____</div><div>U / L Date: ____ / ____ / ____</div></div></div>	
5	Shade - use VITA guide (please circle) <div style="display: flex; align-items: center;"><div style="flex: 1;"></div><div style="flex: 2; text-align: center;"><div style="display: flex; justify-content: space-around; font-size: x-small;">R U L</div><div style="display: flex; justify-content: space-around; font-size: x-small;">18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28</div><div style="display: flex; justify-content: space-around; font-size: x-small;">48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38</div><div style="display: flex; justify-content: space-around; font-size: x-small;">L</div></div></div>	
6	Instructions <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Telescopic crowns on: _____ <input type="checkbox"/> Special attachment on: _____ <input type="checkbox"/> Immediate denture teeth on: _____ PLEASE, tell us if roots will be extracted and at what stage <input type="checkbox"/> Make clasps on: _____</div><div style="font-size: large; vertical-align: middle;">→ <input type="checkbox"/> @ try in → <input type="checkbox"/> @ finish</div></div>	
<div style="display: flex; justify-content: space-between;"><div>I have disinfected the impression with: _____ by: _____</div><div style="text-align: right;"><h2 style="margin: 0;">PRIVATE only</h2><div style="text-align: center;"></div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Please always check your impressions, poor impressions may be liable to a minimum handling charge of £10 <input type="checkbox"/> This case is a remake case <input type="checkbox"/> I have enclosed new or old components _____</div></div>		



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

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(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 - £88

☐ **e.max cad cam - speed service available pre-booked only.**
Milled out of one block - from £105

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 - £88
(also available as **Cercon Zirconia, the original brand** @surcharge of £17 - 10 days in lab needed)

☐ **Multi Layer Zirconia**
A multi layer zirconia core with staining and glazing £75

☐ **Full contour zirconia, made out of one pre-shaded block.**
Staining & glazing added on the core but no porcelain build up - £68 - 10 days in lab needed

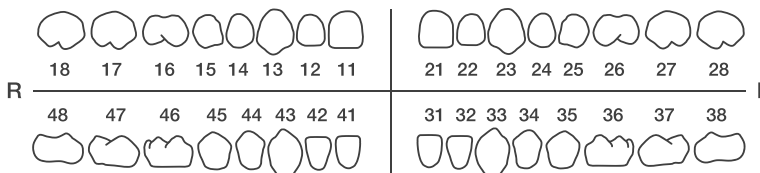
6 **Shade**
use VITA guide



gingival
incisal

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

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

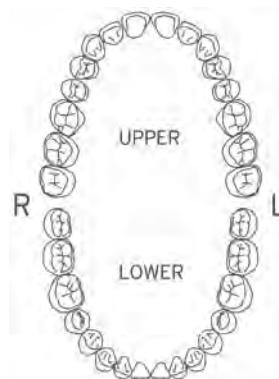


Remarks / Notes

I have disinfected the impression with: _____
by: _____

PRIVATE only

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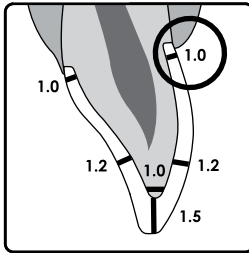
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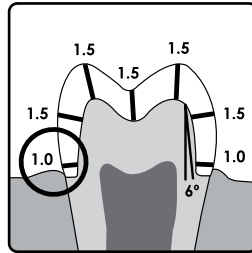
FULL CERAMIC PRIVATE ADVICE AND INFORMATION

AS A GUIDELINE ONLY

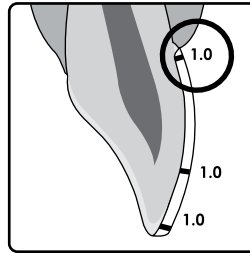
Anterior crown



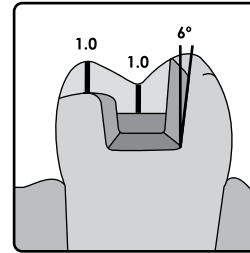
Posterior crown



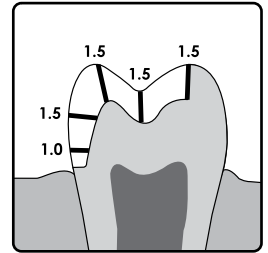
Veneers



Onlay / Inlay



Partial crown



4

Instructions - For anterior cases:

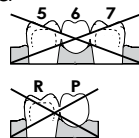
Manage the expectation of your patient by making a wax up and requesting a stent over the wax up to be able to base your temporaries on the wax up. Send us an impressions of the temporaries and tell us what you would like to copy and what you would like to improve.

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 than 9mm
- cantilever bridges
- more than 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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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: ____ / ____ / ____

**IMPLANT
PRIVATE**

4 **Shade** - use VITA guide

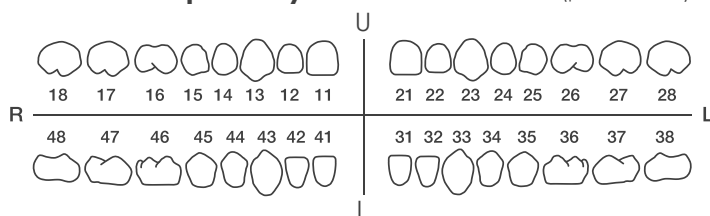


LAB USE ONLY

for lab use only, real app.

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

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



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**
☐ e.max press (aesthetic ++)
☐ e.max cad cam (aesthetic +)
☐ zirconia build up (aesthetic ++)
☐ zirconia full contour (aesthetic --)
☐ **Porcelain Bonded**
☐ non precious (Co-Cr)
☐ semi precious (Pd)
☐ precious, gold (Au)
☐ **Composite**

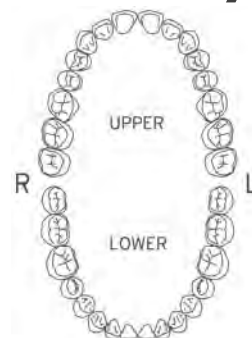
8 **Abutment material** → **Abutment:**
☐ Chrome Cobalt ☐ made by **MediMatch***
☐ Titanium ☐ ordered from supplier
☐ Zirconia with Ti-base ☐
☐ *please check availability and pricing

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

	enclosed	please order	amount of		enclosed	please order
Abutment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Final screw:		
Lab screw	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ti	<input type="checkbox"/>	<input type="checkbox"/>
Analogue	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gold	<input type="checkbox"/>	<input type="checkbox"/>

I have disinfected the impression with: _____
by: _____

Implants only



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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 £75**

5 **Options:**

- ☐ Treatment plan and first batch of aligners
- ☐ Aligners only (£45 per aligner)

6 ☐ **Include Dental Monitoring**

(The small box will be sent with the case for the patient to use. This is included with aligner cases, however please note if you order it and the patient does not use it, you will be charged £60).

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Remarks / Notes

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1

Dr. _____ (name) Acc./PO no.: _____

Post code: _____ - _____ Mobile: _____

DIRECT BONDING

For lab use only, real app.

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

2

No patient personal data

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

3

Delivery Date

U / L Date: _____ / _____ / _____

For lab use only, Opened by:

1	2
4	3

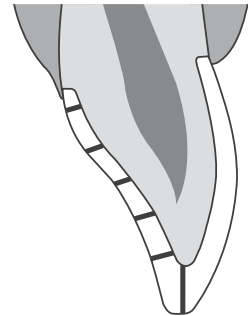
4

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.



Aggressive



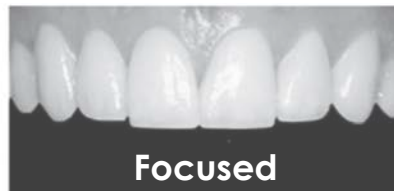
Enhanced



Dominant



Functional



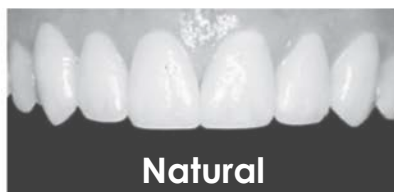
Focused



Mature



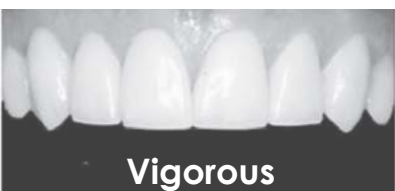
Hollywood



Natural



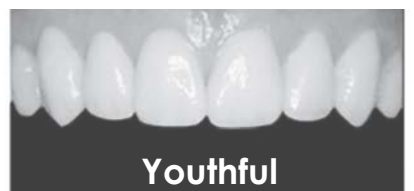
Oval



Vigorous



Soften



Youthful



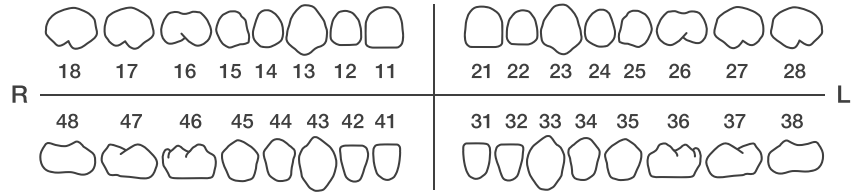
5

Instructions: (please tick and select teeth)

- ☐ Digital Wax Up
- ☐ Print Models

Tell us what you are sending:

- ☐ 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)
- ☐ Night guard like material for temporaries
- ☐ Putty for temporaries

6

Additional Information:

7

Add GC materials to your order:

- ☐ G-aenial Universal Injectable
- ☐ Exaclear
- ☐ EVE Diacomp Plus Twist (bur for GC injectable)

Please indicate whether the GC materials are to be billed to this case invoice or if you want it billed on a separate invoice.

- ☐ Case invoice
- ☐ Separate invoice

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'.



- ☐ 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