



TMS DENTAL
DIGITAL

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Practice Name _____

Dentist Name _____

Patient Name _____

Address _____

Post Code _____

Date In : ____ / ____ / ____

Job No

Date Return : ____ / ____ / ____

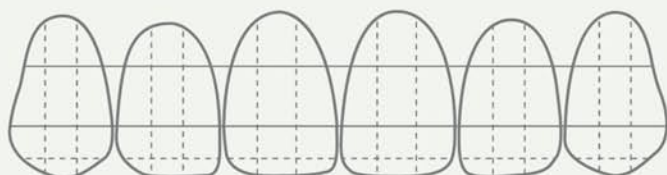
CROWN & BRIDGE

Metal free/ Cosmetic

Composite Inlay/Onlay ☐
Zirconia E.max Crown ☐
Zirconia E.max Bridge ☐
Zir. Monolithic Crown ☐
Zir. Monolithic Bridge ☐
E.max Veneer ☐
E.max Crown ☐
E.max Inlay/Onlay ☐

Metal Restorations

Bonded Crown ☐
Bonded Bridge ☐
Gold Full Crown ☐
Inlay/Onlay ☐
Maryland Wing ☐
Post and Core ☐



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

PONTIC DESING



☐ Sanitary



☐ Ridge Lap



☐ Modified Ridge Lap



☐ Ovate

SHADE _____

IMPLANTS

Screw retained crown ☐
Screw retained bridge ☐
Cement retained crown ☐
Cement retained bridge ☐
Custom made Titanium ☐
Custom made Zirconia ☐

PROSTHETICS

Special Tray ☐
Bite ☐
Wax Rim ☐
Try-in ☐
Re-Try ☐
Finish ☐

ENCLOSED ITEMS

Photo via Email ☐
Impressions U ☐ L ☐
Models U ☐ L ☐
Bite Registration ☐
Facebow Included ☐
Analog ☐
Implant Components ☐

ADDITIONAL SERVICES

Study Models ☐
3D Models ☐
Whitening trays ☐
Mouthguard 2 / 3 mm ☐
Essix Retainer ☐
Dual Laminate ☐
Diagnostic Wax-Up ☐

INSTRUCTIONS

Health and Safety Reminder : To Comply with COSHH regulations and BDA good practice, impressions and other appliances should be suitably decontaminated and disinfected before sending to the laboratory. Please Tick if Disinfected ☐

This is a custom made dental practice appliance that has been manufactured to satisfy the attributes, characteristics, properties, and features specified by the prescriber for the above named patient. This appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in ANNEX I of the Medical Devices Directive (93/42/EEC) and the United Kingdom Regulations SI 1999 No. 3017. KEEP AWAY FROM EXTREMITIES OF HEAT AND COLD