Unit 6, Waterside Court, Crossways Business Park, Dartford, Kent DA2 6NX
Tel: 01474 621 051 Email: info@veusdentallabs.co.uk Web: www.veusdentallabs.co.uk
MHRA Registration: 13335 DAMAS Registration: 170544

IMPLANT PRESCRIPTION FORM

Dentist Name:

Practice Name & Address:

Patient Name/ID:

Patient DOB:

Patient Sex:

Prep Date:

Date Required – Please allow 10 working days

Lab Ref:

Case Type
INDEPENDENT ☐ MASTER CERAMIST ☐

Abutment Type:
Stock Abutment ☐ Custom Abutment ☐

Abutment Material:
Titanium (Ti Base) ☐ Zirconia (Ti Base) ☐ Non-Precious Castable ☐

Abutment Type:
Cement Retained ☐ Screw Retained ☐

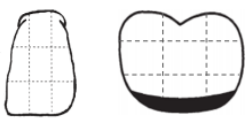
Crown / Bridge Material:

Bonded Non Precious ☐ Bonded Semi Precious (2%) ☐ Bonded Precious 40% ☐ Bonded Precious 74% ☐

All Metal NP 'Silver' ☐ All Metal Semi Precious (2%) ☐ All Metal Precious Gold (40%) ☐ All Metal Precious Gold (60%) ☐

IPS E.Max ☐ IPS E.Max Cut Back and Layer ☐ Full Zirconia ☐ Zirconia with Porcelain ☐ Composite ☐ Acrylic ☐

SHADE:

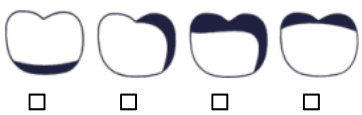


Characteristics & Features:

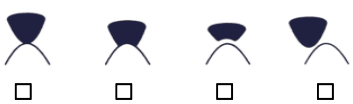
Occlusal Staining: None ☐ Light ☐ Medium ☐ Heavy ☐
Cervical Staining: None ☐ Light ☐ Medium ☐ Heavy ☐
Occlusal Contact: None ☐ Light ☐ Medium ☐ Heavy ☐

Collar & Metal Design:

360° ☐ 180° ☐



Collar & Metal Design:



Implant Information:

Implant Make/ Model														
Implant Width (mm)														
Implant Length (mm)														

17	16	15	14	13	12	11	21	22	23	24	25	26	27	
47	46	45	44	43	42	41	31	32	33	34	35	36	37	

Implant Make/ Model														
Implant Width (mm)														
Implant Length (mm)														

Notes

CONFIRMATION – THIS MUST BE COMPLETED BY DENTIST FOR EACH CASE:
☐ I confirm sufficient occlusal clearance has been left for bite and aesthetics

If enough space is not present the technician should:
☐ FINISH the case and Dentist will adjust chair side or allow patient to adapt
☐ REQUEST NEW IMPRESSIONS and discuss further
☐ REDUCE ABUTMENT on model and finish (reduction coping £8)
☐ REDUCE OPPOSING TOOTH on model and finish (marked on model)

This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use. **ORIGIN OF MANUFACTURE DECLARATION:** Some appliances are manufactured outside of the EU. **PRESCRIBER FEEDBACK:** To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible. **THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.**