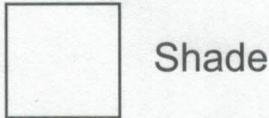
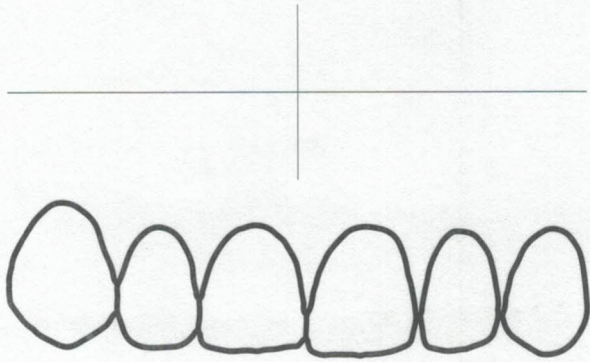


SYNERGY

DENTAL LABORATORY

23 The Parade Roath, Cardiff, CF24 3AB
 Tel: 02920472672
 Email: info@synergydentallab.co.uk
 Visit us: www.synergydentallab.co.uk



ENCLOSURES

- Occ Reg
- Upper Imp/Model
- Photo Sent
- Face Bow
- Lower Imp/Model
- Photo Emailed
- Implant Products Supplied (please detail in notes)

ADDITIONAL NOTES

1	2	3	4	5	6	7
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KEEP AWAY FROM EXTREMES OF HEAT AND COLD

This dental appliance is supplied in a non-sterile state



PRACTICE NAME: _____
 DENTIST NAME: _____
 PATIENT NAME: _____
 POST CODE: _____
 TEL NO: _____

LAB USE ONLY

DATE RECEIVED / /	AO	JOB NO
Date Sent / /	TRY IN DATE / /	Return Date / /

ALWAYS ALLOW 10 WORKING DAYS IN LAB
 Complex cases please book in advance

- Express Service Available (6 day turnaround with fee)
Please notify in advance

TYPE OF RESTORATION

- IMPLANT
- CROWN
- BRIDGE
- INLAY / ONLAY
- TEMPORARY
- POST & CORE
- VENEER
- OTHER (Detail in notes)

MATERIAL TYPE

- ZR CUSTOMISED BUILD-UP
- ZR FULL CONTOUR
- ZR PROCERA
- PORCELAIN BONDED (PRECIOUS)
- OTHER (Detail in notes)
- EMAX (PRESSED)
- PMMA / TELIO
- COMPOSITE
- YELLOW GOLD
- CO / CR.

When signed by an authorised signatory of SDL this device meets the relevant essential requirements (unless, shown differently overleaf) specified in Annexe 1 of the Medical Devices Directive (93/42/EEC), and is the statement of the purpose. MHRA. Reg. No. CA003774

Approved for production
Signature: _____

Signature: _____