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### ENCLOSURES

Models  
Upper                      Lower

Impressions  
Upper                      Lower

Bite Reg.

Face Bow

Other

Code

Job No: \_\_\_\_\_

Prescribing Dentist: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Required: \_\_\_\_\_

*(Please allow 2 working days before appointment)*

Tooth Notation:



SHADE:



**ADDITIONAL NOTES:**

DENTIST SIGNATURE:

Please ensure correct instructions and all enclosures have been disinfected

\*This custom made Dental Appliance has been manufactured for the patient listed above.

Please record any modifications to original prescription and initial. **This appliance is supplied in a NON\_STERILE form.**

\*Please note all accounts beyond our credit terms will be passed to our debt collection agency, Sinclair Goldberg Price Ltd. All accounts, without exception, will be subject to a surcharge of 15% plus VAT to cover our costs in recovery. These accounts will also be subject to any legal costs incurred in obtaining settlement.

Approved for release by: \_\_\_\_\_ *Office use only*

Date: \_\_\_\_\_ *Office use only*