



Please supply

- Lava™
- ZrSpeed®
- ZrSpeed®HT
- JustZr™
- ZrAdvance™
- Explore
- Explore Plus
- Vitality™
- PMMA temps
- Vivid Hybrid™
- Vita Enamic®
- Vita Suprinity®
- Emax.CAD®
- Medentika Ti Abut
- Medentika Co/Cr Abut
- ChromeX

- Lab Tickets
- Postage Labels

From _____

Custom made device for the exclusive use of _____

VITA Shade _____

Return posting date ____ / ____ / ____ 24 hrs

1st class post Courier Special delivery

FOR BCC USE

Job No. _____

Date in _____

Contract reviewed and order accepted _____

ENCLOSURES

- Die(s)
- Master Model
- Opposing
- Solid
- Impression
- Bite
- Wax Up
- Implant Replica
- Pink Tissue
- Implant Abutment

This is a custom-made medical device that has been manufactured to satisfy the design characteristics & properties specified by the prescriber for the above named patient. This medical device is intended for exclusive use by the patient & conforms to the general safety and performance requirements specified in Annex 1 of the Medical Devices Regulations

Final check _____

Date out _____

Technician(s) _____



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