

PCG Dental Design
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Email: office@pcgdental.com	Website: www.pcgdental.com
PATIENT NAME	
MALE	AGE
PREMIER	
CASE TYPE	UPPER LOWER
ACRYLIC DENTURE	
CHROME & ACRYLIC CHROME ONLY	H
DENTAL D	
SWISSEDENT ENGLOSURES	NUMBER OF ITEMS)
	NOMBER OF ITEMS)
BITE	ALGINATE U L
RUBBER U L	IKAM / PHOTO
STUDY MODELS	ARTICULATOR

Medical Devices Directive Number CA014953

PROSTHETICS & CHROME

Work Turnaround Times

Prosthetics 7 days Chrome (frame only) 10 days Additions, Repairs

& Relines

5 days

NOTES

Please do not count Saturdays, Sundays, Public Hollidays or days in transit as working days.

DESIGN NOTATION	
600000 BOOOD	

IF A SPECIFIC DESIGN IS REQUIRED, PLEASE ILLUSTRATE ABOVE OR ON PRELIMINARY MODEL.

IN THE ABSENCE OF INSTRUCTIONS WE ASSUME THAT YOU REQUIRE US TO USE THE MOST APPROPRIATE DESIGN AND THAT THIS WILL BE ACCEPTABLE.

CASE I	NSTRU	CASE INSTRUCTIONS -		
(PLEASE RETAIN ONE COPY FOR YOUR RECORDS)				
TRAY / D	DESIGN			
DELIVER	Y DATE			
BITE				
DELIVER	RY DATE			
TRY-IN				
DELIVER	OV DATE			
DELIVER	TDAIL			
SHADE	MOULD			
RE-1	ΓRY			
DELIVER	RY DATE			
FINIS	SH			
INSTRUCTIONS				
DELIVERY DATE				
		PLEASE ENSURE THAT ALL DELIVERY DATES ARE AT		
		LEAST ONE DAY BEFORE THE PATIENT'S APPOINTMENT		