

Dentist:.....

Surgery:.....

Address:.....

Patient:.....

Date Required:.....

(day before patient's appointment)

200 The Nest, Martin Road, Havant, Hampshire, PO9 5TL

info@ukdentech.com

01243 939 811



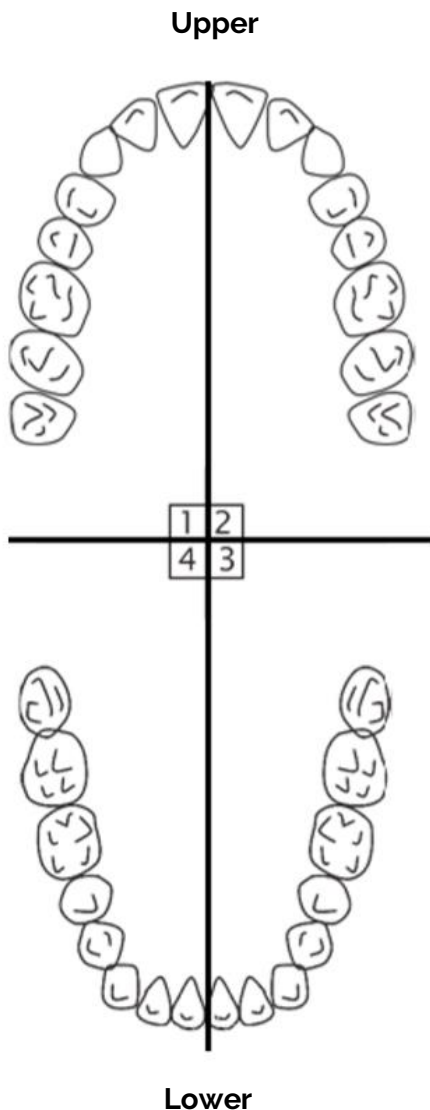
British Academy of
Cosmetic Dentistry



IMPLANT ORDER FORM

Shade:.....

Stump Shade:.....



Case Instructions

- | | |
|--|---|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Premium |
| <input type="checkbox"/> Monolithic | <input type="checkbox"/> Layered |
| <input type="checkbox"/> Screw-retained | <input type="checkbox"/> Cement-retained |
| <input type="checkbox"/> Fixed Prosthesis | <input type="checkbox"/> Removable Prosthesis |
|
 | |
| <input type="checkbox"/> Immediate Loading | |
| <input type="checkbox"/> Items supplied by client | |
| <input type="checkbox"/> Items supplied by ukdentech | |

Please advise Implant System:

More lab sheets required

Items Included:

Further Case Instructions

Please send scans & photos info@ukdentech.com

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