



Casterbridge  
**DentalStudio**



1 POUNDBURY BUSINESS CENTRE DORCHESTER DORSET DT1 3WA  
TELEPHONE 01305 264881 FAX 01305 261722

MDD NO: CA0000217

**INSTRUCTIONS**

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

JOB NO:

DATE .....

PRESCRIBING DENTIST .....

CLINIC ADDRESS .....

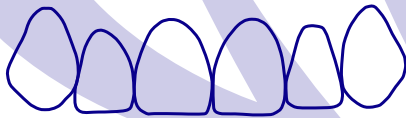
PATIENTS NAME .....

FIT DATE		PREMIER	STANDARD
FIT TIME			

**SHADE INSTRUCTIONS**

SHADE ..... AGE .....

PLEASE INDICATE ANY REQUIRED CHARACTERISATION



OCCUSAL STAINING NONE  LIGHT  MED  HEAVY

GLAZE HIGH  MED  LOW

**ITEMS RECEIVED**

ALGINATES		IMPRESSIONS		MODELS		BITES	
U	L	U	L	U	L		

PLEASE RETAIN PINK COPY FOR YOUR RECORDS

# FOR LABORATORY USE ONLY

CONTRACT REVIEWED AND ORDER ACCEPTED  
SUBJECT TO SIGHT OF POSITIVE MODELS

DATE ..... SIGNED .....

	MADE BY	CHECKED BY	AUDIT BY
MODEL			
TRIMMED			
WAX			
METAL			
PORCELAIN			

## SUB-CONTRACT INSPECTION

	SUB CONTRACTOR	INSPECTED BY	DATE ACCEPTED

## FINAL INSPECTION

SIGNED ..... DATE .....