

Prescribing Surgeon:.....  
Lab:.....  
Custom made device for the exclusive use of  
Patient's name:.....  
Age: Male ☐ Female ☐



Prosthetic <input type="checkbox"/>	Crown & Bridge <input type="checkbox"/>	Chrome <input type="checkbox"/>	Repair <input type="checkbox"/>	Other <input type="checkbox"/>	NHS <input type="checkbox"/>	Private <input type="checkbox"/>
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Instructions to laboratory: Shade:



PLEASE TICK REQUIRED TURNAROUND TIME:

- ☐ Standard (7 days)  
☐ Express (4 days)

All dates = number of working days in the laboratory from when the job is received by Simcast if before 10 am. Express work should be sent to us by Special Delivery to ensure required time frame. All work is returned using Royal Mail tracked 24 service.

FOR LABORATORY USE ONLY

Amendments to original order. Details:  Date: Initials:	Order received and accepted.  Signed: Date: Job Number:	Items received:
Final inspection. Approved for release by:		Date: