

Prescribing Surgeon:.....
Lab:.....
Custom made device for the exclusive use of
Patient's name:.....
Age: Male <input type="checkbox"/> Female <input type="checkbox"/>



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:
<p>PLEASE NOTE, OUR TURNAROUND TIME IS 6 WORKING DAYS PER STAGE</p> <p>Working days = number of working days in the laboratory from when the job is received by Simcast if before 10 am. Work received after 10 am will be deemed to be accepted on the next working day. All work is returned using Royal Mail tracked 24 service.</p>	

FOR LABORATORY USE ONLY

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

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