MDA Registration No. CA003741
DAMAS Reg No. 040111

ambridge ceramics
the art of precision

ambridge ceramics ltd • the coach house
phoenix business centre • low mill road • ripon
north yorkshire • HG4 1NS

t: 01765 607 347 f:01765 609 088
e: info@ambridgeceramics.com
www.ambridgeceramics.com

Dentist:

Address:

Telephone:

Patient:

Age: ☐ M ☐ F

Shape of face: ☐ Oval ☐ Round ☐ Angular

Tooth Surface: ☐ Smooth ☐ Medium ☐ Rough

Basic Shade:

Type: ☐ A ☐ B ☐ C

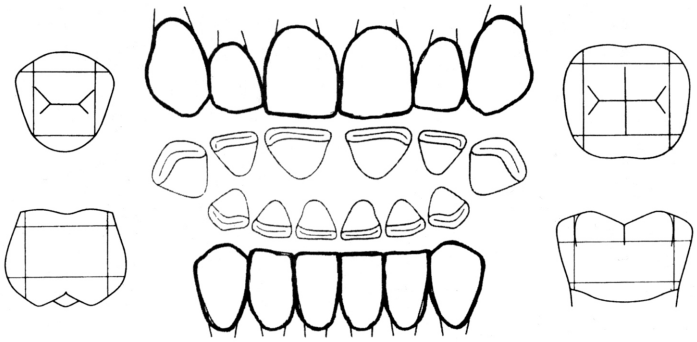
Dentine/Enamel Structure (please indicate)

Type A

Type B

Type C

Type A: Irregular distribution of translucency or translucent layer over entire labial surface.
Type B: Translucent layer in incisal area.
Type C: Translucent layer in the proximal and incisal area.



Amendments to original order (if any)

Date required back (please allow 10 working days) am / pm

Instructions:

☐ All Ceramic ☐ PFM Precious ☐ PFM Non Precious ☐ Composite

Refer to Smile Makeover form ☐

Refer to Diagnostic Wax-up form ☐

Patient's Expectations:

FOR LAB USE ONLY

ENCLOSURES

Alginate U/L

Rubber U/L

Study models U/L

Bite record

Photo

Other

CONTRACT RECEIVED & ORDER ACCEPTED

Signed: Date: Job No.

Operation	*Inits*	*Operation*	*Inits*	*Operation*	*Inits*
Disinfection		Models/articulation		Die Trim	
Wax/Blockout		Process Acrylic/vinyl		Trim/Polish	
Metal Work		Porcelain/Composite		Glaze/Polish	

FINAL DELIVERABLE CHECKED AND CLEARED FOR DESPATCH

Signed: Date:

Statements:

1: This custom made device is for the exclusive use of the patient named above and conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93.42/EEC).

2: Any relevant essential requirements that have not been met will be listed overleaf with a description with a description of the reason.

3: All goods are supplied in a non-sterile condition unless otherwise stated and should not be subject to extremes of hot or cold.