

# Laboratory Ticket

Job ID:	TECHNICIAN USE ONLY
Patient:	Mr/Mrs/Miss/Ms
Dentist:	

Artic No.	<input type="text"/>	N <sup>o</sup> of IMPS	<input type="text"/>	<input type="text"/>	<input type="text"/>
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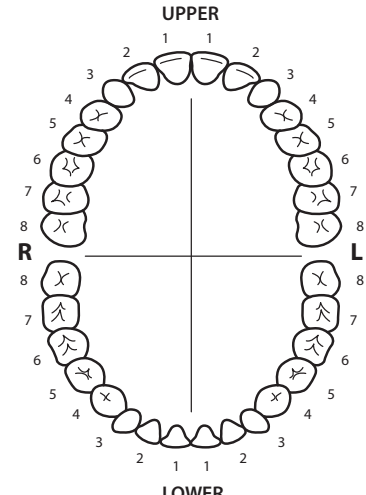
Dental Surgery:	<input type="text"/>
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	Upper	Lower
Full	<input type="checkbox"/>	<input type="checkbox"/>
Partial	<input type="checkbox"/>	<input type="checkbox"/>
Implant Retained	<input type="checkbox"/>	<input type="checkbox"/>
All-On-4	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Denture	<input type="checkbox"/>	<input type="checkbox"/>
Chrome Denture	<input type="checkbox"/>	<input type="checkbox"/>
Soft Lining	<input type="checkbox"/>	<input type="checkbox"/>
Clear Palate	<input type="checkbox"/>	<input type="checkbox"/>
BRA / Mouthguard / ESSIX / Michigan / Tanner	<input type="checkbox"/>	<input type="checkbox"/>
Bleaching Trays	<input type="checkbox"/>	<input type="checkbox"/>
Denture Repair	<input type="checkbox"/>	<input type="checkbox"/>
Denture Addition	<input type="checkbox"/>	<input type="checkbox"/>

Technicians Chart Table	
R	L

Start Date:	<input type="text"/>
Special Tray:	Upper: <input type="checkbox"/> Lower: <input type="checkbox"/>
Due Date:	<input type="text"/>
Bite:	Due Date: <input type="text"/>
Try In:	Mould: <input type="text"/> Shade: <input type="text"/>
Due Date:	<input type="text"/>
Re Try:	Due Date: <input type="text"/>
Finish:	Due Date: <input type="text"/>

Teeth Required on Denture	
R	L

Dentist Notes	
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Book In	Cast IMPS	Special Tray	Bite	Try In	Re Try	1	2	3	Finish	Book Out
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This is a custom made none sterile dental device that has been manufactured solely for the use of the patient referred above. The device has been manufactured using all the information supplied by the dental practitioner, and unless stated, fully meets the prescription supplied. This device conforms to the essential requirements of Annex 1 of the Medical Devices Directive 93/42/EEC and the United Kingdom Directive Regulations.

