

Attenborough

www.attenborough.com

serving dentistry since 1913

ATTENBOROUGH DENTAL LABORATORIES LTD
 VISCOSA HOUSE • GEORGE STREET
 NOTTINGHAM • NG1 3BN • UK
 TEL: + 44 - 115 - 947 3562
 FAX: + 44 - 115 - 950 9086
 E-MAIL: info@attenborough.com

BARCODE/ACCOUNT #	CLIENT	TODAY'S DATE
ADDRESS		POSTCODE
TEL	FAX	E-MAIL

DENTURE AND ORTHODONTIC DEPARTMENTS							
PATIENT'S NAME	PRIORITY (24 - HOUR)	<input type="checkbox"/>	STANDARD (INDEPENDENT)	<input type="checkbox"/>	PREMIER (PRIVATE)	DATE REQUIRED	
	EXPRESS (36 - HOUR)	<input type="checkbox"/>	BUDGET (NHS)	<input type="checkbox"/>	<input type="checkbox"/>		
	NORMAL (3 - 7 DAYS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TYPE OF CASE (Please tick)	TYPE OF BASE	BUDGET	STANDARD	PREMIER	STAGES	U / L	STAGE DATES
MEGALLIUM (Cast Cobalt Chrome) <input type="checkbox"/>	FULL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAST IMPRESSION <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAGNUS METAL (Swaged Stainless Steel) <input type="checkbox"/>	PARTIAL PLATE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DUPLICATE MODEL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACRYLIC <input type="checkbox"/>	SINGLE BAR SKELETON <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL TRAY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUXENE® (Vinyl injected) <input type="checkbox"/>	MULTI BAR SKELETON <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BITE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULTRAFLEX (Flexible injected) <input type="checkbox"/>	STIPPLED FINISH <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRY IN <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXITE (Flexible injected) <input type="checkbox"/>	MIRROR FINISH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RETRY IN <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR OR ADDITION <input type="checkbox"/>					FINISH <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLD OR PRECIOUS METAL <input type="checkbox"/>					RELINE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORTHODONTIC <input type="checkbox"/>					BASE ONLY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUM SHIELD <input type="checkbox"/>							

DESIGN			
RETENTION ON METAL BASES	RETAINERS	CONTOURING	
Raised relinable retention - Standard and Premier only	Where backings and cut rests are required bases will be constructed and charged at the standard specification.	STIPLING	<input type="checkbox"/>
GRID (Viscoform® G.R. 1) <input type="checkbox"/>	Clasps: 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	BALANCED OCCLUSION	<input type="checkbox"/>
LOOPS (Viscoform® L.R. 1) <input type="checkbox"/>	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	SOFT LINING	<input type="checkbox"/>
LATTICE <input type="checkbox"/>	CAST <input type="checkbox"/> GOLD <input type="checkbox"/> ST. STEEL <input type="checkbox"/>	CLEAR PALATE	<input type="checkbox"/>
D. E. HINGES <input type="checkbox"/>	WROUGHT <input type="checkbox"/> DENTAL D® (Acetyl Resin) <input type="checkbox"/>	RELIEF	<input type="checkbox"/>
Non-relinable retention:-	Rests: 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	STRENGTHENER	<input type="checkbox"/>
TAGS, U-LOOPS, POSTS <input type="checkbox"/>	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38		
GAUZE WELDED <input type="checkbox"/>	Onlays: 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28		
All with finishing bead except Budget <input type="checkbox"/>	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38		
	Backings: 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		

SHADE	TEETH FOR IMMEDIATE REMOVAL	DESIGN
	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	
Rx	NHS Code/Item No. <input type="text"/>	

THE CUSTOM MADE NON-STERILE DEVICE to be manufactured is intended for the exclusive use of the above listed patient and will be made to the prescription of the customer shown above, who is responsible for the design and marketing of the device. **THE THIRD PARTY**, being the manufacturer, to whom this is sub-contracted, is Attenborough Dental Laboratories Ltd who certifies that it will conform to the relevant essential requirements as set out within Annex 1 of the Medical Devices Directive (93/42/EEC). **ANY** relevant requirements not met and reasons why will be listed on the accompanying invoice. **THE DEVICE** will be manufactured under a quality assurance system conforming to BS EN ISO 9001:2000, approved by the British Standards Institute, using materials that have a CE mark or have been tested and approved under the Company's quality control procedures. MDD Registration No. CA 000493. **IMPRESSIONS** must be decontaminated according to BDA/MDA/DLA/BDTA cross-infection control guidelines against Bacteria, Fungi and Viruses (including, but not limited to: H.I.V., H.B.V., T.B.) **BEFORE** despatch to our laboratories. Good, sharp impressions are essential. **ALGINATE IMPRESSIONS** should be cast immediately after removal from the mouth and not sent through the post for working models. **YOUR MODELS** should be cast in stone plaster for all metal work. **YOUR PATIENTS** should be instructed that certain disinfectants or antiseptics may damage dentures. **SHADE:** Quote Porcelain shades and make where porcelain teeth or Facings are required, and similarly Acrylic shades for Acrylic Teeth. **UNLESS** indicated above, all cases will be constructed under our Normal (3-7 day) service and charged at standard specification. A laboratory time reservation system is available by advanced notice.

FOR OFFICE USE ONLY			
Date Received		IMP <input type="checkbox"/>	WB <input type="checkbox"/>
Time Received		MOD <input type="checkbox"/>	BB <input type="checkbox"/>
Opened by		ST <input type="checkbox"/>	MB <input type="checkbox"/>
Registered		PT <input type="checkbox"/>	C/B/I/V <input type="checkbox"/>
		MT <input type="checkbox"/>	TEETH <input type="checkbox"/>
		DENT <input type="checkbox"/>	TI <input type="checkbox"/>
		ABUT <input type="checkbox"/>	# <input type="checkbox"/>
			O/CST <input type="checkbox"/>
			ART <input type="checkbox"/>
			JIG <input type="checkbox"/>
			C/RNG <input type="checkbox"/>
			PIC/X <input type="checkbox"/>
			Other <input type="checkbox"/>



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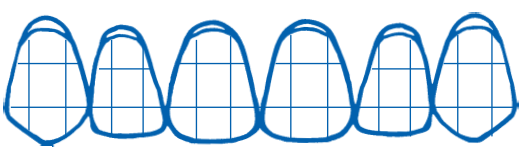

CROWN, BRIDGE AND IMPLANT DEPARTMENTS

PATIENT'S NAME	PRIORITY (24 - HOUR)	<input type="checkbox"/>	BUDGET (NHS)	<input type="checkbox"/>	STANDARD (INDEPENDENT)	<input type="checkbox"/>	PREMIER (PRIVATE)	<input type="checkbox"/>	DATE REQUIRED
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	NORMAL (3 - 7 DAYS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

TYPE OF CROWN, INLAY OR VENEER				TYPE OF BRIDGE, PONTIC OR RETAINER			
Jacket Crown	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Bridge (design below)	<input type="checkbox"/>
Cast Full Crown	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Maryland	<input type="checkbox"/>
Post & Core	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Rochette	<input type="checkbox"/>
Inlay	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Cantilever	<input type="checkbox"/>
Veneer	<input type="checkbox"/>	Opaque	<input type="checkbox"/>	Semi-Translucent	<input type="checkbox"/>	Removable (Precision attachments)	<input type="checkbox"/>

MATERIAL

BONDING ALLOY		NON-BONDING ALLOY	CERAMIC	COMPOSITE / GLASS
Very High % Gold Content (Yellow)	<input type="checkbox"/>	22ct Gold (Yellow)	<input type="checkbox"/>	DC-Tell®
Very High % Gold Content (White)	<input type="checkbox"/>	75% Gold (Yellow)	<input type="checkbox"/>	ARGI
45% Gold Content	<input type="checkbox"/>	60% Gold (Yellow)	<input type="checkbox"/>	ECTRI
Non-Precious Metal	<input type="checkbox"/>	Precious Metal (White)	<input type="checkbox"/>	dialog®
DC-Titan® (Titanium)	<input type="checkbox"/>	Non-Precious Metal	<input type="checkbox"/>	GC GRADIA
CAD-CAM COPINGS & FRAMEWORKS		Milling Only	<input type="checkbox"/>	ST GLASS
Available in DC-Tell®, DC-Titan®, DC-Cristall®, InCeram® Alumina or Zirconia, and DC-Zircon®		Scanning and Milling	<input type="checkbox"/>	belleGlass HP
All in 36-Hours as Standard			<input type="checkbox"/>	StickTech

SHADE	CHARACTERISATION	PONTIC DESIGN
NOTATION		 <input type="checkbox"/> Full Ridge <input type="checkbox"/> Ridge Lap <input type="checkbox"/> No Contact <input type="checkbox"/> Point Contact <input type="checkbox"/> Socketted

Rx	NHS Code/Item No. <input type="text"/>	DESIGN
		

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		ABUT <input type="checkbox"/>		Other <input type="checkbox"/>

