



DENTAL TECHNOLOGY SERVICES

# Crown & Bridge Standard



THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS (UNLESS SHOWN DIFFERENTLY OVERLEAF) SET OUT IN ANNEXE 1 OF THE MEDICAL DEVICE DIRECTIVE (93/42/EEC) AND THIS IS THE STATEMENT FOR THAT PURPOSE

**N. H. S.**  
CROWNS/BRIDGES

**DENTIST**

ADDRESS

  
  

DATE

POST CODE:

**PATIENT**

**DELIVERY DATE**

**CROWN DEPT.**

Please tick

Gold Inlay (Yellow)

Shell Crown-Precious (White)

Shell Crown-Non Precious (White)

Shell Crown Yellow Gold

Porcelain Jacket

Bonded Unit (Non Precious)

Bonded Unit (Semi Precious)

Acrylic Jacket

**CHARTING**

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

SHADES	SURFACE TEXTURE	SURFACE GLAZE
Body <input type="text"/>	Smooth <input type="text"/>	Shiny <input type="text"/>
Incisal <input type="text"/>	Medium <input type="text"/>	Medium <input type="text"/>
Neck <input type="text"/>	Rough <input type="text"/>	Matt <input type="text"/>

**POST CORE**

Precious Metal

Non Precious Metal

Para Post Precious

**NOTES**

**PLEASE KEEP DRY**



**Dental Technology Services**

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