



PROPRIETORS STEVE AND JANET KING

Unit 7 South Farm Court,
 South Farm Road,
 Budleigh Salterton,
 Devon EX9 7AY
 Tel: +44 (0)1395 446009
 E-Mail:enquiries@creativechrome.co.uk
 Web: www.creativechrome.co.uk

PRESCRIPTION FORM

PLEASE SUPPLY IN ACCORDANCE WITH
 CREATIVE CHROME'S CURRENT TERMS OF TRADE

THIS DEVICE IS CUSTOM MADE FOR THE EXCLUSIVE USE OF THE PATIENT
 AS STATED AND CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS
 SET OUT IN THE MEDICAL DEVICES DIRECTIVE, (93/42/EEC) AND IS THE
 STATEMENT TO THAT EFFECT.

INVOICE CC N^o
JOB No

PRESCRIBING SURGEON'S NAME & ADDRESS	ITEMS ENCLOSED
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THIS IS A CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF :-

MODELS	<input type="checkbox"/>
RUBBER OR SILICONE IMP	<input type="checkbox"/>
ALGINATE IMP	<input type="checkbox"/>
BITE REGISTER	<input type="checkbox"/>
WAX SETUP	<input type="checkbox"/>
PHOTOGRAPHS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PATIENT'S NAME	AGE	DESIGN TYPE
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Please tick as appropriate	Return date	
SPECIAL TRAY <input type="checkbox"/>	_____	
BITE <input type="checkbox"/>	_____	
TRY IN <input type="checkbox"/>	_____	
RETRY <input type="checkbox"/>	_____	
FINISH <input type="checkbox"/>	_____	
SHADE	_____	
MOULD	_____	

See also detailed design chart on the back of prescription form

SKELETON	<input type="checkbox"/>	BACKINGS	<input type="checkbox"/>
LINGUAL BAR	<input type="checkbox"/>	ONLAYS	<input type="checkbox"/>
PLATE	<input type="checkbox"/>	RESTS	<input type="checkbox"/>
CAST CLASPS	<input type="checkbox"/>	STIPPLED	<input type="checkbox"/>
GOLD CLASPS	<input type="checkbox"/>	MIRROR	<input type="checkbox"/>
'D' CLASPS	<input type="checkbox"/>	GOLD	<input type="checkbox"/>

SPECIAL INSTRUCTIONS	PRICING
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Please indicate teeth to be replaced

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

	TOTAL	

DO NOT EXPOSE WORK TO EXTREMES OF TEMPERATURE