



# Q1lab

digital dental ceramics

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**Dentist Name:** \_\_\_\_\_

**Surgery Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Membership level:** G P M

**Patient Name/Ref:** \_\_\_\_\_

**Age:** M / F

**Delivery Date:** \_\_\_\_\_

**What's in the box:**

Upper <input type="checkbox"/>	Lower <input type="checkbox"/>	Are you sending images? Y N
Rubber <input type="checkbox"/>		Images@q1lab-dental.co.uk
Alignate <input type="checkbox"/>		Should we organise a shade
Bite <input type="checkbox"/>		in the Lab? Y N
Study cast <input type="checkbox"/>		Anything else? _____
Facebow <input type="checkbox"/>		

Please note, in order to maintain our high standards we closely monitor impression quality. If we receive defective or insufficient records you may be asked to provide additional records.

**For laboratory use only:**

**Accepted for manufacturing by:**

**Date:** \_\_\_\_\_

**Mode:**  Die trim  Metal  Porcelain  Other

**Final quality checked by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

What are we making

How?

Artwork please

**Crown**

**Bridge**

**Composite**

**Diagnostic wax up**

**Splint**

**Whitening trays**

**Mouthguard**

**Denture**

**Emax**

**Full Zirconia**

**Layered Zirconia**

**Porcelain Bonded**

**Full Metal**

**Composite**

**Precious Alloy**

**Non-Precious Alloy**

**You decide**

**Shade**



This is a custom-made device for the exclusive use of the above named patient and conforms to the basic requirements of the Medical Devices Directive 93/42/EEC, Registration No. 10135 and must be used in accordance with the Practitioners instructions. N.B. Keep away from extreme heat and cold.

Please note working days exclude Saturdays, Sundays, holidays and days in transit.