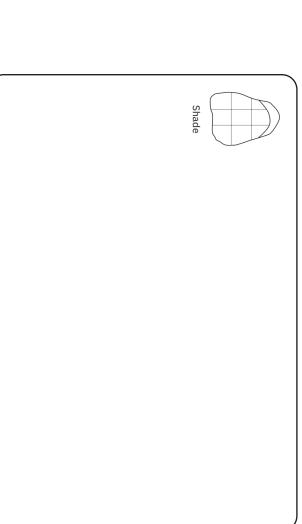


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	Delivery Date:	Age: M/F	Patient Name/Ref:	Membership level GPM	Surgery Name: Address	Dentist Name:
•	Artwork please			Hows	making	What are we
		Full Zirconia Layered Zirconia			Bridge Composite Diagnostic wax up	c
			ם			Crown
		0 0 0			Whitening traysMouthguardDenture	□ Splint □
		ia Composite You decide			 Whitening trays Mouthguard Denture WWWWW 	Splint



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.















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