

41-42 Eastcastle Street, London W1W 8DU ☎ 020 7636 5877 Email: nimrodental@gmail.com

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_ Prescription No. \_\_\_\_\_

Clinician's email: \_\_\_\_\_ Postcode: \_\_\_\_\_ Date Required: \_\_\_\_\_

Clinician's address: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

**U L PLASTER WORK**

- Basic model
- Ortho study model
- Special study model
- Simple articulation
- Denar articulation

**3D SCANNING**

- Full Scan
- Horse Shoe
- Models in occlusion

**U L EXPANSION**

- Full Arch
- Fan Screw
- Quad Helix
- R.M.E.

**U L CASE ASSESSMENT**

**U L ALIGNERS**

- Clear aligners
- Inman aligners

**U L OTHER APPLIANCES**

- Removable appliance
- Colour design / transfer no.
- Sportsguard
- Palat / Lingual Arch
- Bleaching Tray

**U L RETAINERS**

- Clear splint / Essix retainer
- Acrylic retainer (Hawley)
- Fixed bonded retainer

**U L FUNCTIONAL APPLIANCES**

- Bionator
- Twin Block
- Dynamax

**U L SPLINTS**

- Heat cure splint
- Pull down splint
- Bruxism splint
- Clenching splint

**BRACKET**

**U L INDIRECT BONDING**

- Lingual
- Labial

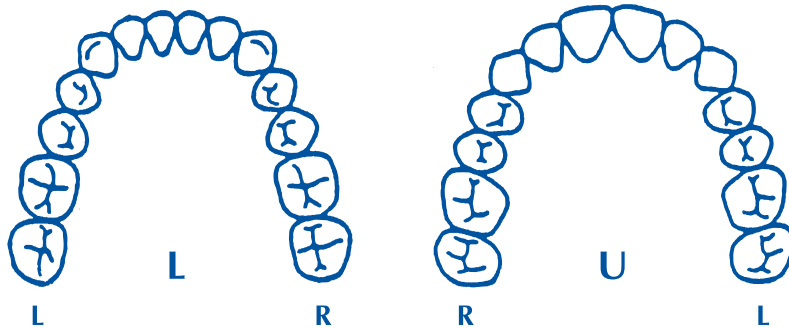
**INMAN ALIGNER I.P.R. MESIAL & DISTAL OF ALL INCISORS:**

Minimal stripping

- 0.1mm       0.3mm
- 0.2mm       0.4mm

Labial Springs:

- 0.10       0.010
- 0.12       0.012



## PLEASE SEND WHITE AND YELLOW COPIES ONLY TO THE LABORATORY

**LAB USE ONLY:**

24HR / TRANSFER / COLOUR / S. COLOUR / S. GUARD & S. DESIGN / LINGUAL BAR / STRENGTHENER / ARTIC. TO BITE

No. of bands fitted on tooth

No. teeth set

No. acrylic teeth

No. Solderings

£  Screw

£  Repairs

Bike / Post: 1 / 2 / 3

Other:

M.H.R.A. Reg. No. CA 003424 STATEMENT G.D.C. Reg. No. 111718

This customer made medical device was manufactured for the exclusive use of the above named patient. The product conforms to the requirements set out in Annex 1 of the Medical Device Directive 93/42/ECC June 1993, and if any of these requirements are not fully met, then details are documented and enclosed with the product.

Manufacturer Stages:    1st     2nd     3rd     4th     5th     6th

Final inspection and review of the clinician's requirements:

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_