NimroDENTAL
Orthodontic Solutions

19-20 Berners Street, London W1T 3NW ☎ 020 7387 6930 Email: contact@nimrodental.co.uk

Prescription No: ________ Date: ________ E-mail: ________

Clinician: ________ Patient's Name: ________

Postcode: ________ Clinician's Address: ________

Date Required: ________

IMPLANT GUIDE
- ☐ 3D print Only
- ☐ Design & 3D print
- ☐ Implant planning & 3D printing

IMPLANT SYSTEM
- ☐ Osstem
- ☐ Straumann Full guided
- ☐ Straumann Pilot
- ☐ BioHorizon
- ☐ 2.8mm generic Sleeve
- ☐ Other ___________

IMPLANT PLANNING
- ☐ SMOP
- ☐ CoDiagnostix

DRILLING SLEEVES
- ☐ Straumann Full guided
- ☐ Straumann Pilot
- ☐ BioHorizon
- ☐ 2.8mm generic Sleeve

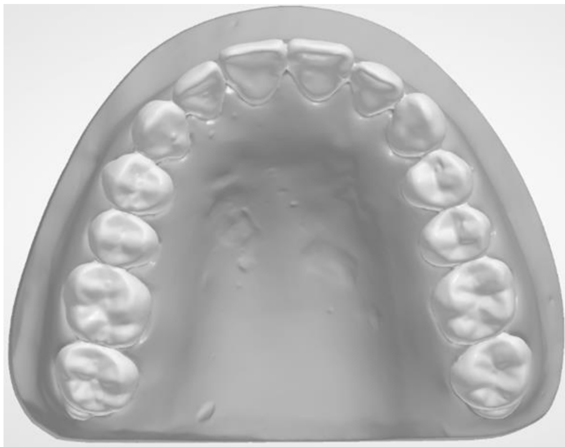
MISCELLANEOUS
- ☐ Straumann 2.8MM Drill
- ☐ 1.5mm Cross Head Screw

TYPE OF SUPPORT
- ☐ Teeth support Only
- ☐ Teeth and Soft tissue support
- ☐ Teeth and Bone support
- ☐ Bone support Only

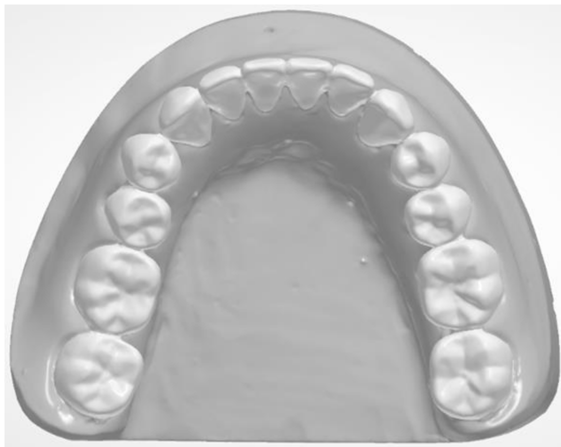
Comment box:

Design Requirements

Please mark on the diagram if you have any special requirements for soft tissue support



UPPER



LOWER

Please send white and yellow copies to the lab, the pink copy is a 'Statement Of Manufacture'

PLEASE NOTE: BY COMPLETING THIS LAB FORM THE ABOVE NAMED CLINICIAN IS AGREEING TO OUR TERMS AND CONDITIONS

LAB USE ONLY: ***Models are held for up to 2 wks, then automatically returned. Returned models may incur a charge.**

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

☐ No. of springs & spurs ☐ No. acrylic teeth £ ☐ Screw

☐ No. teeth set ☐ No. Soldering £ ☐ Repairs

M.H.R.A. Reg. No. CA 003424 STATEMENT

This custom 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. This appliance was manufactured in the United Kingdom.

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

Final inspection and review of the clinician's requirements: Date: ________

Technician Signed: ________ Technician Name: ________