



PRACTICE NAME		DUE DATE	
DENTIST NAME		Mob. number	
PATIENT NAME		Request call back	Y/N

JOB DETAILS	CIRCLE AS APROPRIATE																																	
RETAINER	Upper / Lower / Both <b>1mm</b> / 1.5mm	<table border="1"> <tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> </table>	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																			
WHITENING TRAY	Upper / Lower / Both	Emax Crowns / Veneers / Inlays SHADE _____ LT/HT translucency																																
SOFT OCCLUSAL GUARD	<b>4mm</b> / 2mm	STAINING occlusal none / light/ heavy cervical none / light/ heavy																																
SPORTS MOUTH GUARD	Please detail colour and design																																	
MODEL SCANNING	Output as 3D print / Digital file																																	
3D PRINTED MODEL	Upper / Lower/ Both Hinge articulated	<b>SPECIAL INSTRUCTIONS</b>																																
VIRTUAL WAX UP	Please specify teeth and specify design																																	
ACTIVE ALIGNERS	IPR / comp attachments																																	

<b>Gold Service</b>	<b>1 Working Day</b>	<b>+ 100% cost</b>
<b>Silver Service</b>	<b>2-3 Working Days</b>	<b>+ 50% cost</b>
<b>Bronze Service</b>	<b>7 Working Days</b>	<b>+ 00% cost</b>

TECHNICIAN NOTES	DELIVERY NOTES
	Local drop-off Post to dental clinic Dentist to pick Up  Other _____

Dr Dan Shaffer BDS RDT PG Cert DentLaw, Mrs Lisa Shaffer RDT

Statement: When signed and dated by a yourfuturesmiles technician as above, this device was manufactured for the exclusive use of the named patient for the specified Dental Practitioner and with described particular features. This product here packed conforms to the essential requirements set out in annex 1 of the EC Medical Device Directive 93/42/EEC and if any of these requirements are not fully met the details are documented on the reverse or attached and dispatched to the user.  
MHRA reference no. CA015359