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Case Type:		Case Instruction	
Return Date:		Tooth	
Prep Date:			
Patient Name:			
Gender: () Male () Fe	emale Age:		
Dentist:			
Phone:			
Email:			
Practice Address:			
Crown and Bridge Procera	Inlay	Finish: Try-in: Implant Abutments	Shade:
o Full Zirconia	o Gold Inlay	o Zirconia	Acrylic Stent
 Zirconia with Porcelain IPS Emax Full IPS Emax IPS Emax with Porcelain 	EmaxZirconia Maryland Temporary	O Titanium Hybrids O All on 4 final Bridge Acrylic (Titanium Bar) O All on 4 Screw Retained (Zirconia)	
PMB	Post and Core	Netanica (Zircoma)	
Semi-precious BondedFull MetalVeneer	Composite	Implant Type: Implant Size:	
Included		Signature	
ImpressionOpposing ModelPre-Op Impression	Face BowBitePictures/Email		

When signed by an authorised signatory this device meets the relevant essential requirements specified in Annex 1 of the Medical Devices (93/42/EEC), and is the statement of the purpose. Mhra reg No. 9191.