

n e x u s

dental laboratory

tel: 01423 561 392
email: info@nexus.dental
web: www.nexus.dental



signature of Dr approving prescription

date ordered

dentist

contact number

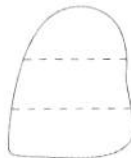
practice

patient name

tooth shade

prep/stump shade

photos available?

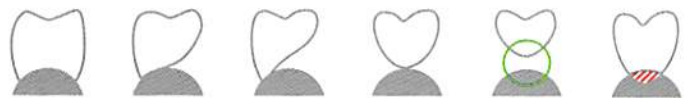


metal/zr design



pontic design clearance to soft tissue _____ mm

socket soft tissue by _____ mm



if insufficient room for restorations, allow lab to:

trim opposing

make metal/zr island

trim prep

make metal/zr occlusal

prescription

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

return date (please ensure at least one day before fit date)

please allow 10 working days

/ /

signed off for release

(LAB USE ONLY)

date