

**Technical Prescription**

Dentists name:

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This is a custom-made device for the exclusive use of:

Patients Name:

.....  
.....

NHS	Private	Shade	Job No.
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Denture Work (Please tick appropriate box)

- Full Upper / Lower
- Partial Upper / Lower
- Co/Cr Upper / Lower
- ThermoSens Upper / Lower
- SP Tray Upper / Lower
- Porcelain Bonded Bridge
- Porcelain Bonded Crown
- E-Max Press Crown
- E-Max Press Inlay
- E-max Press Bridge
- E-Max Press Veneer
- Reline Hard / Soft
- Repair
- Addition
- Night guard Soft / Hard-Soft
- Retainer Invisible / Wire
- Other.....  
.....

**Agudent Dental Laboratory**

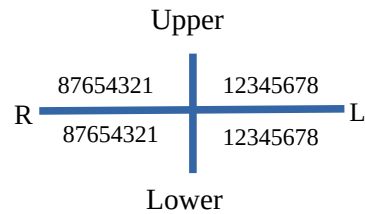
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**Instructions**



Bite

Try-In

Retry

Finish

