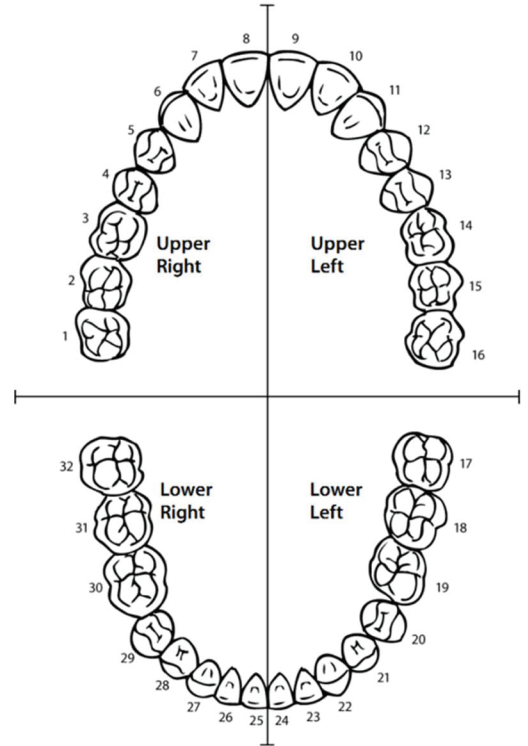




ELEVATE DENTAL
DESIGNS

LAB TICKET

JOB DESCRIPTION:



PATIENT'S NAME:

PRESCRIBING DENTIST'S
NAME & CLINIC ADDRESS:

SIGNATURE
SMILE:

DIANOSTIC
WAX UP:

MOCK UP
STENT:

EMPRESS MULTI
(AETHETIC)

PMMA
TEMPORARY:

ZIRCONIA (MULTI
LT, MT, PRIME):

E-MAX:

FULL ARCH
IMPLANT:

EXPRESS FEE:

NIGHT
GUARD:

SURGICAL
GUIDE:

CRIOS
BRILLIANT:

IMPLANT
CROWN:

BLEACHING
TRAY:

RETAINER:

CASE NUMBER:

STUDIO SMILE:

DATE FOR RETURN:

133 ORMEAU RD, BELFAST BT7 1SH

@elevatedentaldesigns | info@elevatedental.co.uk | Lab Mobile: 07880 498 372

www.elevatedental.co.uk