VEXA DENTAL LAB

MHRA Reg. No. 40158

NHS PRESCRIPTION & ORDER FORM

NHS Dentures

Acrylic dentures

LAB USE ONLY
Case no. _____
Received D D / M M / Y Y Y Y

1 PRACTICE & PATIENT

Dentist _____ GDC no. _____ Phone _____

Practice _____ Postcode _____ Email _____

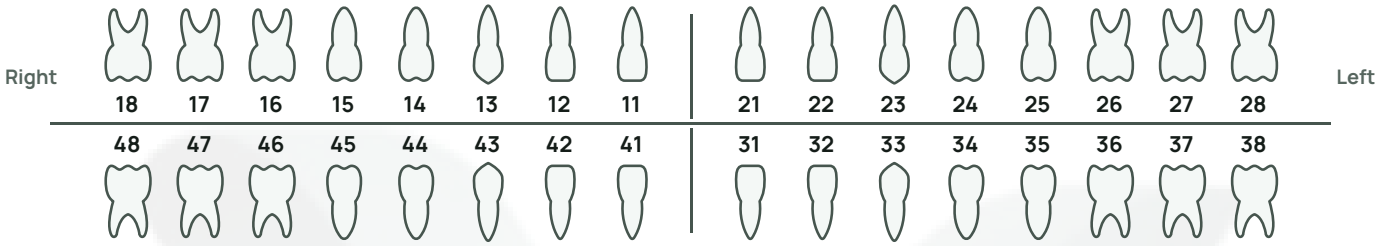
Patient name / ref _____

2 ARCH & SHADE

ARCH **Upper** ☐ Full ☐ Partial | **Lower** ☐ Full ☐ Partial | **SHADE** _____

3 TEETH & CLASPS

Circle teeth to replace · **X** extraction · **C** C-clasp · **R** Roach



4 STAGE & DUE DATE

This form travels with the case at every stage. Tick the next stage and the date you need it back — standard **8 working days** per stage.

	STAGE	DUE BACK	NOTES
☐	Bite blocks & special trays	D D / M M / Y Y Y Y	
☐	Try-in	D D / M M / Y Y Y Y	
☐	Re-try-in	D D / M M / Y Y Y Y	
☐	Finish	D D / M M / Y Y Y Y	
☐	Immediate — straight to finish	D D / M M / Y Y Y Y	

5 ENCLOSED / SENT

☐ Upper impression ☐ Lower impression ☐ Bite registration ☐ Models ☐ Old denture ☐ Photos

DIGITAL SCAN ☐ iTero ☐ 3Shape ☐ Medit ☐ Primescan Scan / order ID _____

6 INSTRUCTIONS

Disinfected with _____ by _____ Signature _____ Date D D / M M / Y Y Y Y

61 Kilburn High Road, London NW6 5SB · info@vexadental.co.uk · vexadental.co.uk
Post your case with the free label provided

WHATSAPP OR CALL
+44 7455 576500

Custom-made device · Supplied non-sterile. Made to the dentist's written prescription for the exclusive use of the named patient. Conforms to the essential requirements of Annex I of the UK Medical Devices Regulations 2002 (SI 2002 No. 618). Manufactured in the UK and/or China by Vexa Dental Lab. Please report any problem with this device to us.