VEXA DENTAL LAB

MHRA Reg. No. 40158

PRESCRIPTION & ORDER FORM

# Private 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 DENTURE TYPE — SELECT ONE

☐ **Acrylic denture**
Full or partial acrylic.

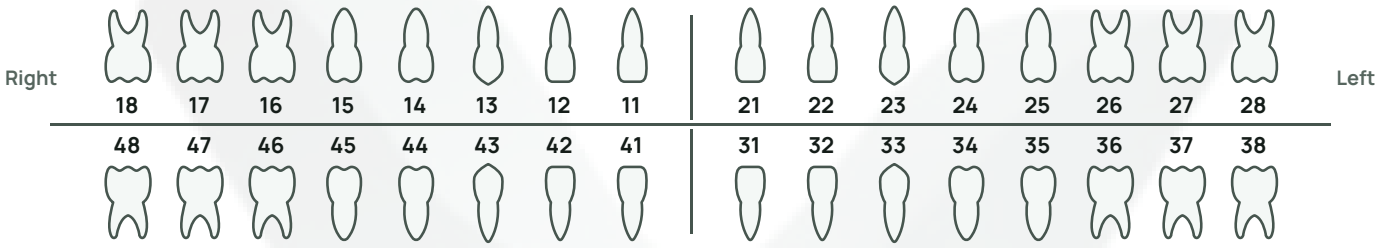
☐ **Frame denture**
☐ Horseshoe ☐ Skeletal
☐ Other _____

☐ **Flexible denture**
Partial dentures.
**Not advised for full arch.**

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

## 3 TEETH & CLASPS

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




## 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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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.