



**1** Dr. \_\_\_\_\_ (name) Acc./PO no.: \_\_\_\_\_  
 Post code: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_

## IMPLANT PRIVATE

**2** \*No patient personal data\*  
 Your case reference: \_\_\_\_\_ Age: \_\_\_\_\_ Initials: \_\_\_\_ / \_\_\_\_

**3** **Stage** Always give us **12 full** working days **Delivery Date**

<input type="checkbox"/> .....	U / L	Date: ____ / ____ / ____
<input type="checkbox"/> .....	U / L	Date: ____ / ____ / ____
<input type="checkbox"/> .....	U / L	Date: ____ / ____ / ____
<input type="checkbox"/> .....	U / L	Date: ____ / ____ / ____
<input type="checkbox"/> .....	U / L	Date: ____ / ____ / ____

**4** **Shade** - use VITA guide

gingival  
incisal

**5** **Indicate implant system + Platform** (please circle)

**LAB USE ONLY**  
 for lab use only, real app.  
 ..... - ..... @ .....  
 ..... - ..... @ .....

**6** System \_\_\_\_\_ acc. no. \_\_\_\_\_  
 Platform \_\_\_\_\_ on no. \_\_\_\_\_

For lab use only, Opened by:

1	2
4	3

**7** **Restoration**  
 will be  **Cement** retained  
 **Screw** retained  
 **Crown**  
 **Bridge**  
 **Full-ceramic**  
 E.max (pressed ceramic)  
 Zirconia (Cad-Cam)  
 **Porcelain Bonded**  
 non precious (Co-Cr)  
 semi precious (Pd)  
 precious, gold (Au)  
 **Composite**

**8** **Abutment material** → **Abutment:**

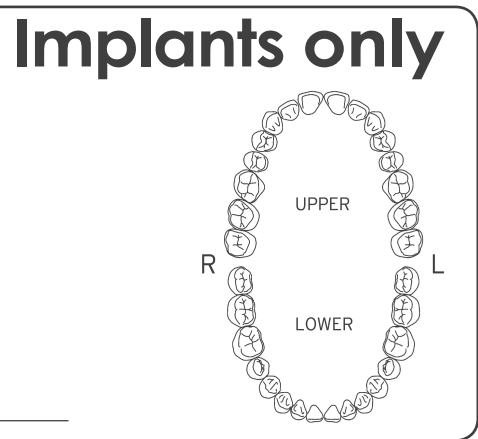
<input type="checkbox"/> Chrome Cobalt	<input type="checkbox"/> made by <b>MediMatch</b> *
<input type="checkbox"/> Titanium	<input type="checkbox"/> ordered from supplier
<input type="checkbox"/> Zirconia with Ti-base	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<i>* please check availability and pricing</i>

**9** **I have sent:** (always send bite on implant/preparation)

	enclosed	please order	amount of		enclosed	please order
Abutment	<input type="checkbox"/>	<input type="checkbox"/>	_____	Final screw:		
Lab screw	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ti	<input type="checkbox"/>	<input type="checkbox"/>
Analogue	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gold	<input type="checkbox"/>	<input type="checkbox"/>

**I have disinfected the impression with:** \_\_\_\_\_  
**by:** \_\_\_\_\_

This case is a remake case  
 I have enclosed new or old components \_\_\_\_\_



Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit [www.medimatch.ie](http://www.medimatch.ie)

**Dental appliance information and delivery note:** Dental product designed to satisfy the information, properties and detail of what has been prescribed by the above dentist. Purely for use for the patient described with the above reference. The product meets the requirements entailed in the Annex I and Annex VIII of the Medical Devices Directive and the Republic of Ireland Medical Devices Regulations act SI 252/1994. This product may have been produced in either or all three Ireland, UK or China by MediMatch.  
**Instructions for use, storing & handling:** It is highly recommended that the product is stored in a clean and safe environment if not used immediately. It is also advised that there must be no contact with materials, liquids or acids that could cause disfiguration or damage to the product. The product should not be subjected to extreme heat. Where applicable, you should take care not to damage the dental piece(s) when removing from its model.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILIZED STATE