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Dentist _____

Patient _____

Tel _____

Return date _____

M/F Age _____

NHS _____ Private _____

Shade _____

18 17 16 15 14 13 12 11

21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41

31 32 33 34 35 36 37 38

Date Received _____

Job no _____

Approved for manufacture _____

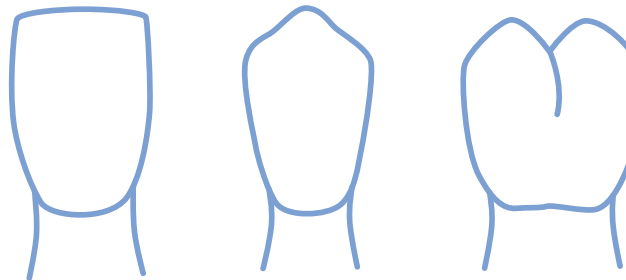
Prescription alteration _____

IMP		Bite	
Model		Photo	
Upper		Lower	
Code	No	Tec No	Sig

Approved Release by _____



Promoting British
Dental Technology



KEEP AWAY FROM EXTREME HEAT OR COLD. This is a custom-made device for exclusive use of this patient only.
The dental restorations meet the Essential Requirements according to annex 1 of EU Directive 93/42/EEC.