CASE No:

Date Sent

Date Required

IMP Disinfected by

*Client Signature	Sign	Date

Dentist Name

Patient Name

Patient Number

	U	L
RISIO® Premium Retainer:	☐	☐
NHS Standard Retainer:	☐	☐
Bonded Retainer:	☐	☐
RISIO® Whitening Kit:	☐	☐
Whitening Tray:	☐	☐
Digital Study Models:	☐	☐
Plaster Study Models:	☐	☐

PAR Score: ☐

Ashford Orthodontics Ltd, 14B Southwick Industrial Estate,
Riverside Road, Sunderland, SR5 3JG
TEL: 0191 565 2788 **E-MAIL:** info-ashford@als-dental.com
WEB: www.ashfordorthodontics.co.uk
Company Registered in England, Company No 05615379.
Registered office address: 85 Great Portland Street,
London, England, W1W 7LT

*This prescription **MUST** be signed by the suitably qualified prescriber named as 'client'.

Delivery Address

Billing Address ☐ Tick if same as delivery

Please fill all areas

Wax Bites Supplied	Waifer	Functional
Imps Sent	Upper	Lower

Upper

Upper / Lower visual for prescription / design specifics

Lower

INTERNAL USE:

PL	W
PR	F

Quality Checked by:

Made By	Sign	Date