



# Hanham Dental Laboratory

MHRA # 5360

DAMAS # 060139

Company No. 09611529



Dental Laboratories Association  
Registered Member



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Tel : +44 (0)117 9803660  
Email: Advice@Hanhamdentallab.co.uk  
Web: www.HanhamDentalLab.co.uk

Corporate Body:  
Surgeons Name:

GDC Number: Acc Ref:  
Address:

Telephone:  
Email :

Patients Name/ ID:

\*Name required for  
sports mouthguard

Date/Time Required:

Delivery Address  
(if different to  
surgery address)

## LAB USE ONLY

Order No	Tech
Date Received	Mat Lot
Items Received	Final Check
Mods Inspected	

## LAB NOTES

All work returned using Royal Mail 24 tracked post ASAP. If you require a different form of delivery please choose from the following options (Please tick)

- ☐ SPECIAL DELIVERY BEFORE 1PM
- ☐ EXPRESS SERVICE; SPECIAL DELIVERY & 2 DAY TURN AROUND

## NIGHTGUARDS

Appliance to be made on:

☐ Upper ☐ Lower

- ☐ Soft
- ☐ Dual Laminate
- ☐ Hard\*

- ☐ 1mm\*
  - ☐ 2mm\*
  - ☐ 3mm
  - ☐ 4mm
- \*HARD NIGHTGUARDS AVAILABLE IN 1 OR 2MM ONLY

## RETAINERS

Hard Ortho Retainer\*

- ☐ 0.5mm
- ☐ 0.75mm

\*Finished straight across the gingival margin unless otherwise specified

- ☐ Bonded Retainer  
(with positioning jig)
- ☐ Hawley Retainer  
(natural pink as standard)

## SPECIALIST SPLINTS

- \*☐ B-Splint (Upper 3-3)
- \*☐ Long Term B-splint (Full U+L)
- \*☐ Tanner Splint (Lower)
- \*☐ Michigan Splint (Upper)
- \*☐ Plane/Relaxation (Upper)
- \*☐ Anti Thumb Sucking Device (Upper)
- ☐ Kois Deprogrammer

\*APPLIANCES MADE IN DUAL LAMINATE UNLESS OTHERWISE SPECIFIED

## ANTI-SNORING DEVICES

- ☐ OrthoApnea CLASSIC ☐ Clear ☐ Blue
- ☐ NOA by OrthoApnea
- ☐ SLEEPZEE THE ANTI-SNORING DEVICE FROM BDL ☐ Fixed ☐ Adjustable

FOR ALL ANTI SNORING DEVICES A PROTRUSIVE BITE REG IS REQUIRED AT 75% PROTRUSION AND OPEN 3-4mm

## WHITENING & FLUORIDE TRAYS

Reservoirs:\* ☐ Yes ☐ No

\*If required reservoirs will be placed on all teeth unless specified

Gingival Overlap:\* ☐ None ☐ 1mm ☐ 2mm

\*All trays finished at the clinical crown of the tooth unless specified

☐ Fluoride Tray

## DIGITAL 3D SCAN (Inc. Storage)

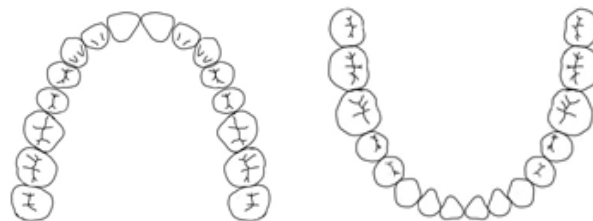
ACCESS:\* ☐ EMAIL ☐ CD

\*IMPS will not cast unless an appliance is required

## Please provide the surgery with:

- ☐ Work Tickets
- ☐ Price List
- ☐ Free Post Labels
- ☐ Sports Guard Colour Guide

## ADDITIONAL NOTES



In the event that the prescriber has supplied some of the materials etc for incorporation in this manufactured custom-made dental appliance, then this particular appliance cannot be guaranteed to fully meet with the relevant essential requirements set out in Annex I of the Medical Devices Directive.

HEALTH AND SAFETY REMINDER To comply with the COSHH Regulations and BDA good practice, impressions and other appliances should be suitably decontaminated and disinfected before passing these entities to the laboratory.

GDC CERTIFICATES AND INFECTION CONTROL POLICY CAN BE FOUND ON OUR WEBSITE

\* Sports Mouthguards & Aligners \*  
P.T.O.....

# SPORTS MOUTHGUARDS

**HDL SINGLE LAYER** (IDEAL FOR CHILDREN WITH MIXED DENTITION)

NAME INSERTED HAS A MAXIMUM OF 10 CHARACTERS IN A SINGLE LAYER MOUTHGUARD

**HDL PRO LAMINATED** (IDEAL FOR ALL ADULT SPORTS)

AN OPPOSING MODEL IS ADVISABLE WHEN REQUESTING A PRO LAMINATED MOUTHGUARD

Please tick in which sports the mouthguard will be used:    ☐ Hockey    ☐ Rugby    ☐ Lacrosse    ☐ Boxing    ☐ MMA    ☐ Football    ☐ Cricket  
If not mentioned then please write it here:

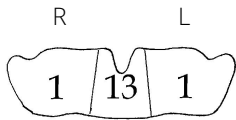
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. Black      | <input type="checkbox"/> 13. White      | <input type="checkbox"/> 25. Cerise         |
| <input type="checkbox"/> 2. Dark Blue  | <input type="checkbox"/> 14. Yellow     | <input type="checkbox"/> 26. Sandstone      |
| <input type="checkbox"/> 3. Maroon     | <input type="checkbox"/> 15. Fl. Orange | <input type="checkbox"/> 27. Cherry         |
| <input type="checkbox"/> 4. Silver     | <input type="checkbox"/> 16. Fl. Yellow | <input type="checkbox"/> 28. Amethyst       |
| <input type="checkbox"/> 5. Gold       | <input type="checkbox"/> 17. Fl. Green  | <input type="checkbox"/> 29. Teal           |
| <input type="checkbox"/> 6. Royal Blue | <input type="checkbox"/> 18. Clear      | <input type="checkbox"/> 30. Aussie yellow  |
| <input type="checkbox"/> 7. Lilac      | <input type="checkbox"/> 19. Fl. Pink   | <input type="checkbox"/> 31. Metallic mint  |
| <input type="checkbox"/> 8. Sky Blue   | <input type="checkbox"/> 20. Rac. Green | <input type="checkbox"/> 32. Shrimp         |
| <input type="checkbox"/> 9. Green      | <input type="checkbox"/> 21. Brown      | <input type="checkbox"/> 33. Metallic green |
| <input type="checkbox"/> 10. Pink      | <input type="checkbox"/> 22. Fl. Red    | <input type="checkbox"/> 34. Cornflower     |
| <input type="checkbox"/> 11. Red       | <input type="checkbox"/> 23. Apple      | <input type="checkbox"/> 35. Leaf green     |
| <input type="checkbox"/> 12. Turquoise | <input type="checkbox"/> 24. Lavender   |   |

## ADDITIONAL OPTIONS

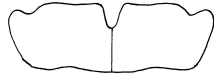
(ON TOP OF BASE PRICE)

- ☐ Striped Mouthguard (Specify On Diagrams Below)
- ☐ Union Jack Design Mouthguard
- ☐ Custom Graphic (Pro Lam Only) – On Labial Surface
- \*No Trade Marked Logos\*

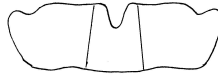
PLEASE GIVE DESCRIPTION OF GRAPHIC IN ADDITIONAL NOTES



EXAMPLE



2 STRIPES



3 STRIPES



4 STRIPES



5 STRIPES

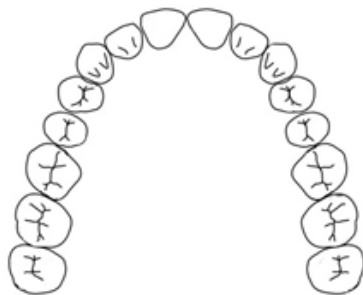
All Mouthguards to be made on the UPPER arch and cut back to the first molar unless otherwise specified



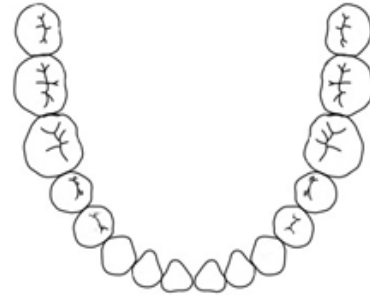
## ALIGNER TREATMENT PLAN REQUEST

- » A silicone putty & wash impression must be used for accuracy
- » Please note only 3-3 can be moved
- » Quotations are returned within 10 days
- » Email address for treatment plan: \_\_\_\_\_

### Upper arch teeth to be moved



### Lower arch teeth to be moved



IN ORDER FOR US TO CHECK THE BITE PLEASE SEND IN BOTH ARCHES EVEN IF ONLY ONE ARCH IS TO BE ALIGNED

## ADDITIONAL NOTES