Veterinary Dentistry Prosthetics

Petr Moj
Zubní laboratoř LP dental
Zdravotní středisko č.p. 280
Generála Svobody 24
Havířov -Šumbark
73601
CZ-Česká republika

Account nr.:2218542389/0800
IBAN: CZ07 0800 0000 0022 1854 2389
e-mail: petr.moj@seznam.cz
Tel.: +420 739189038
www.lpdental.cz contacts

Adress for conlaboratory suggests solutionssignment delivery **/Account nr.**

label number

Name **Town**

assigned on

Street

finished on

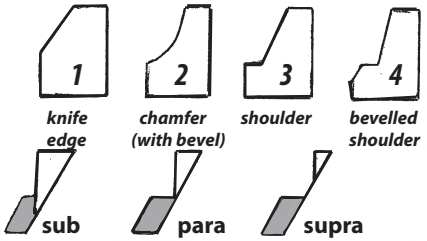
Post Code **state** **Tel. :**

Day of delivery **month** **time** from to ☐ **Post** ☐ **Other specif.**

e-mail **Patient's Name**

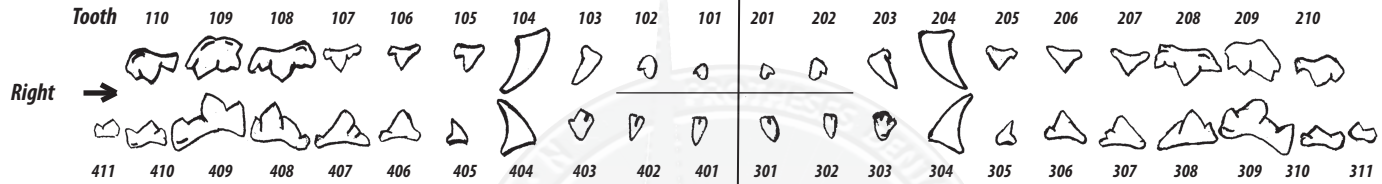
☐ **dog** ☐ **cat** **breed:** ☐ **ZOO specif.:**

Preparation



Gingival preparation

cat			M_1	P_4	P_3	P_2		C	I_3	I_2	I_1	I_1	I_2	I_3	C		P_2	P_3	P_4	M_1			*Felidae*
dog		M_2	M_1	P_4	P_3	P_2	P_1	C	I_3	I_2	I_1	I_1	I_2	I_3	C	P_1	P_2	P_3	P_4	M_1	M_2		*Canidae*



dog	m_3	m_2	m_1	p_4	p_3	p_2	p_1	c	i_3	i_2	i_1	i_1	i_2	i_3	c	p_1	p_2	p_3	p_4	m_1	m_2	m_3	*Canidae*
cat			m_1	p_4	p_3			c	i_3	i_2	i_1	i_1	i_2	i_3	c			p_3	p_4	m_1			*Felidae*

Metal

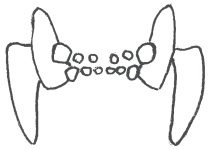
code	weight(g)	price

Prosthetic restoration

code	tooth	preparation	price

Price total

Specific instructions



Shade guide:

SHADE INSTRUCTIONS.
Shade no.

Technician

Laboratory stamp and signature

W2 closed with a capsule

☐ I P M ☐ Bite ☐ Models

Others .....

We declare that the medical device composed of (see composition) meets the essential requirements defined by the Government regulations nr. .336/2004 and conformity of this product with technical documentation is ensured.

Customer service agreement for products transported by post or delivery service is an integral part of this order form for product transported by means of post or delivery service.

Doctor

Doctor stamp and signature