



lab@32co.com | Tel: 020 36338432

Lab Ticket to be completed by Dentist. Please ensure writing is legible.

	Digitisation of Impressions and transfer of STL files- Dual arch and bilateral bite scans
Impressions Date	
Dentist Name	
Practice	
Patient Name <i>First name, last name</i>	
Patient DOB	

☐ I can confirm that impressions have been disinfected.

Please use the pre-paid envelopes provided and contact lab@32co.com if you require additional envelopes