

IMPORTANT:

From 23/04/2025 all
cases to be sent to
LUMIWHITE Laboratory

(see details below)



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LUMILOCK RETAINERS PRESCRIPTION FORM

LUMILOCK RETAINERS are exclusively manufactured by LUMIWHITE Laboratory

1. PATIENT NAME

2. PATIENT DOB

3. RETURN DATE

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4. DENTIST NAME

5. PRACTICE NAME AND ADDRESS

6. PRACTICE TELEPHONE NUMBER

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7. SPECIFICATIONS

LUMILOCK RETAINERS are non-scalloped as standard. However, we are more than happy to customise them to any specification you require.

- | | |
|--|--|
| ☐ x1 LUMILOCK RETAINER (Upper) | ☐ x1 LUMILOCK RETAINER (Lower) |
| ☐ x2 LUMILOCK RETAINERS (Upper) | ☐ x2 LUMILOCK RETAINERS (Lower) |
| ☐ x1 LUMILOCK RETAINERS (Dual-Arch) | ☐ x2 LUMILOCK RETAINERS (Dual-Arch) |

RETAINERS TO EXTEND

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Additional notes:

8. SECTION BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

JOB NUMBER: ----- ----- -----	APPROVED FOR MANUFACTURE BY: ----- DATE: ----- -----	APPROVED FOR RELEASE BY: ----- DATE: ----- -----
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10. SEND YOUR IMPRESSIONS

PLEASE POST PHYSICAL IMPRESSIONS TO LUMIWHITE LABORATORY:

First Floor, 3 Axis Court, Nepshaw Lane South, Leeds LS27 7UY

Download & Print Freepost Label (www.lumiwhite.com/freepostlabel.pdf)

CONNECT YOUR SCANNER:

Transfer digital impressions directly to LUMIWHITE Laboratory

(www.lumiwhite.com/connect-your-scanner)