

Prescribing Dentist & Address:

Patients Name:

Patient Ref:

Age:

FINISH DATE:

(Please Allow **8-10 Working Days** For Completion of Work)

Date Sent

Type of Work:

PRIVATE

NHS

Enclosures

Rubber Impression

Restoration

Alginate Impression

Models

Bite Registration

Others

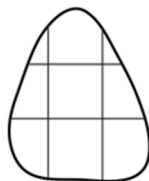
Express Service

1 DAY

2 DAY

3 DAY

Instructions & Shades:



Weight: grams

DISINFECTED: ☐

LABORATORY USE ONLY:

Approved for manufacture by:

Approved for release by:

This is a custom-made dental appliance that has been manufactured to satisfy the Attributes, characteristics, properties & features specified by prescriber of the above named patient. This appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in annex 1 of the medical device directives (93/42/EEC) & the United Kingdom medical devices regulations SI 1994 no. 3017

Prescribing Dentist & Address:

Patients Name:

Patient Ref:

Age:

FINISH DATE:

(Please Allow **8-10 Working Days** For Completion of Work)

Date Sent

Type of Work:

PRIVATE

NHS

Enclosures

Rubber Impression

Restoration

Alginate Impression

Models

Bite Registration

Others

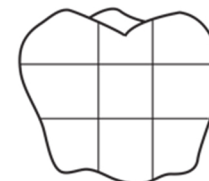
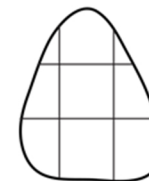
Express Service

1 DAY

2 DAY

3 DAY

Instructions & Shades:



Weight: grams

DISINFECTED: ☐

LABORATORY USE ONLY:

Approved for manufacture by:

Approved for release by:

This is a custom-made dental appliance that has been manufactured to satisfy the Attributes, characteristics, properties & features specified by prescriber of the above named patient. This appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in annex 1 of the medical device directives (93/42/EEC) & the United Kingdom medical devices regulations SI 1994 no. 3017