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Crown & Bridge Prescription

Job Number

PLEASE FILL IN SHADED AREAS

Address						
Prescribing Dentist Signed						
Patient Name/ID						
NHS	Priv	ivate		Shade	Shade	
Male	Fen	nale		Age		
Imps Disinfected			Initials			

SHADE	
NP BONDED CROWN	
PRECIOUS METAL BONDED CROWN	
NP BONDED BRIDGE	
PRECIOUS METAL BONDED BRIDGE	
NP METAL CROWN (SILVER)	
GOLD CROWN (PRECIOUS)	
GOLD INLAY 60%	
GOLD ONLAY 60%	
EMAX	
ZIRCONIA	
NP POST & CORE	
COMPOSITE INLAY	
MARYLAND BRIDGE	
ALL PORCELAIN VENEER	
DIAGNOSTIC WAX UP	
TEMPORARY ACRYLIC CROWN/BRIDGE	
SANDBLAST/RE-ETCH	

Released By	Price £

INSTRUCTIONS AND AMMENDMENT RECORDS

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the named patient.

This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device.

The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

PRESCRIBER FEEDBACK:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.