

Prosthetics Prescription

PLEASE FILL IN SHADED AREAS

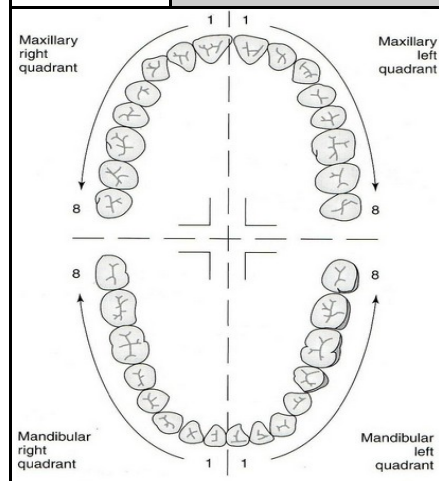
Address	
Prescribing Dentist	
Signed	
Patient Name/ID	

NHS	Private	Premium
Male	Female	Age

Imps Disinfected		Initials	
------------------	--	----------	--

Case Type (Please Tick)	Upper	Lower
Full		
Partial		
Acrylic Denture		
Chrome		
Flexible		
Repair/Addition/Reline		
Pressure Formed Appliance		

DATE REQUIRED AND SHADE	
Trays	5 Days in Lab
Bite	5 Days in Lab
Wax Tryin	5 Days in Lab
Shade	Vita Shade
Chrome Tryin	10 Days in Lab
Retry	5 Days in Lab
Finish	6 Days in Lab
Flexible Finish	10 Days In Lab



INSTRUCTIONS AND AMMENDMENT RECORDS

Released By..... Price £.....

FOR LAB USE ONLY

Imps	U	L
Copy Model	U	L
Approved		
Squash Bite		
Special Tray		
Bite Block		
Wax Tryin		
Articulator		
Mould Used		
Duplicate	U	L

--

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.