

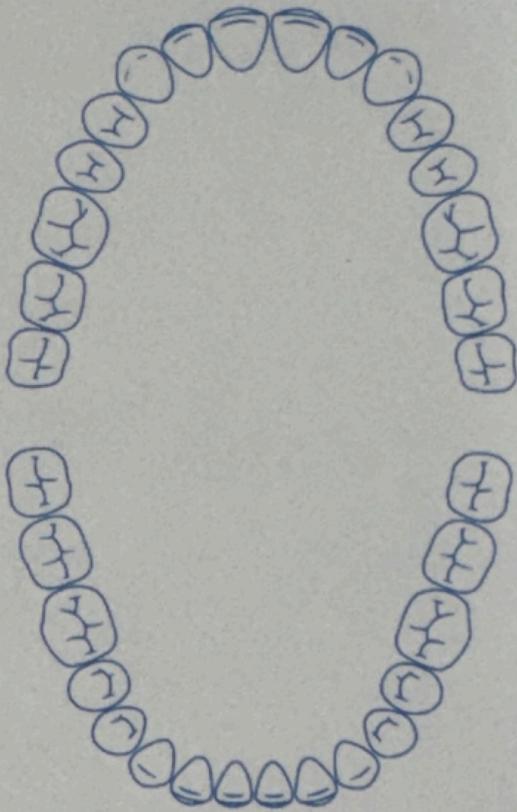


Dentist ID Number		Practice Details		
Date Sent		Job No.	Non Sterile Device	
Patient Name		Male	Female	Age
Type of work required		Contact Review Impression		
Private <input type="checkbox"/> Exclusive <input type="checkbox"/>		Order Review Model		

## IMPORTANT

Please put day before appointment on ticket

Case Notes:



R | L

Acrylic	Flexible	Chrome
Shade		Mould
Special Tray		
Bite Day		
Try-In Day		
Re-Try Day		
Finish Day		



This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above 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. **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.