

PRESCRIPTION FORM

Armour House, Colthrop Lane, Thatcham, West Berkshire, RG19 4PD
Company Registration Number : 13656153

PRESCRIBING SURGEON'S DETAILS

Name:

Surgery:

PATIENT'S DETAILS

Patient's name:

Gender:

Age:

PLEASE TICK AS APPROPRIATE

- Chrome ☐
- Acrylic ☐
- Duraflex ☐
- Soft re-line ☐
- Reline ☐
- Bleaching trays ☐
- Sport guard ☐
- Bite raising appliance ☐
- Essix retainer ☐
- Other ☐

RETURN DATE (NOT FIT DATE)

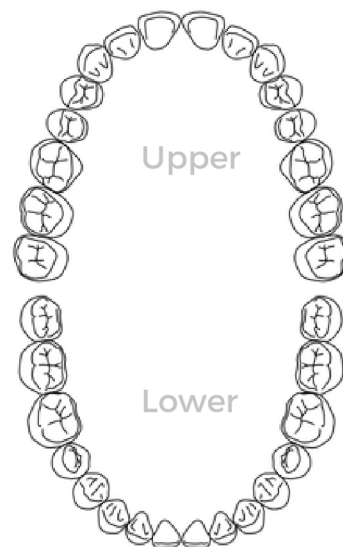
- Repairs ☐ ___/___/___
- Special tray ☐ ___/___/___
- Bite block ☐ ___/___/___
- Chrome ☐ ___/___/___
- Try-in ☐ ___/___/___
- Re-try ☐ ___/___/___
- Finish ☐ ___/___/___

VITA SHADE

MOULD

ITEMS ENCLOSED

	Date ___/___/___	Date ___/___/___	Date ___/___/___
Models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubber IMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silicone IMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignate IMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bite register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wax set up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 above named patient. This medical device is intended for exclusive use by this patient and conforms to the applicable general safety and performance requirements specified in the UK & EU 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.

NOTES / SPECIAL INSTRUCTIONS

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the UK & 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.