GOLDTHORN DENTAL LABORATORY

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Registered with the UK Competent Authority

Dental Laboratories Association Registered Member

British Dental Technology Clinically Compliant | Professionally Produced

Job Number

PRESCRIBING DENTIST & ADDRESS

PATIENT NAME (OR SURGERY REF NO. & INITIALS)

PURCHASE ORDER NUMBER

MALE ☐ FEMALE ☐ AGE ☐

NHS ☐ STANDARD ☐ PRIVATE ☐

ACRLYIC DENTURE	☐	CHROME & ACRYLIC	☐
TCS FLEXIBLE	☐	BLEACHING TRAY(S)	☐
MOUTHGUARD	☐	SOFT BITE GUARD	☐
ESSIX RETAINER	☐	ADJUSTMENT	☐
STUDY MODEL(S)	☐		
DENTURE REPAIR / TOOTH ADDITION / RELINE	☐		

Enclosures

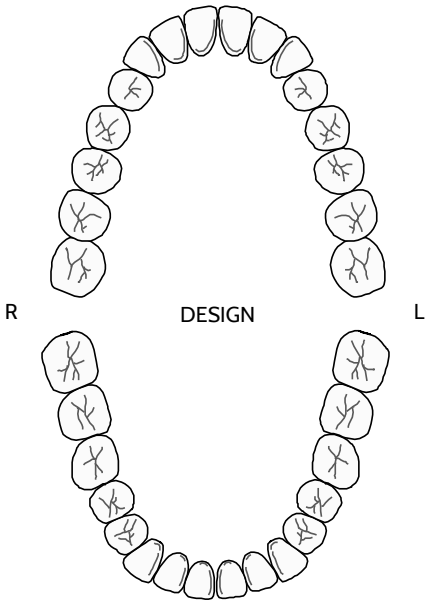
IMPRESSIONS ☐ BITE REGISTRATION ☐

MODELS ☐ DENTURE ☐ PHOTO ☐

APPLIANCE NOTATION

TOOTH BRAND ……..……

SHADE ..... MOULD……



IMMEDIATE TEETH

CLASPS

APPROVED FOR MANUFACTURE BY **DATE / /**

S/TRAY DELIVERY DATE	UPPER		
TECHNICIAN / DATE	LOWER		
BITE DELIVERY DATE	UPPER		
	LOWER		
TECHNICIAN / DATE			
TRY IN DELIVERY DATE			
TECHNICIAN / DATE			
RE-TRY DELIVERY DATE			
TECHNICIAN / DATE			
FINISH DELIVERY DATE			
TECHNICIAN / DATE			

APPROVED FOR RELEASE BY **DATE / /**

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 general safety and performance requirements specified in Annex 1 the Medical Devices regulations.

This statement dose 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 the model.

PRESCRIBER FEEDBACK: To enable our 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.