

Laboratory Prescription Form

Please retain a copy for your records.

Lab Ref: _____

PLEASE DO NOT PUT PRESCRIPTION IN DIRECT CONTACT WITH IMPRESSIONS

Dentists Details

Name: _____
 Practice: _____
 Contact: _____

Patient Details

Name: _____
 Age: _____ Sex: _____
 Dexterity: _____

Case Details

Full Denture: U ☐ L ☐ Partial Denture: U ☐ L ☐ Immediate Denture: ☐

UR	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	UL
LR	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LL

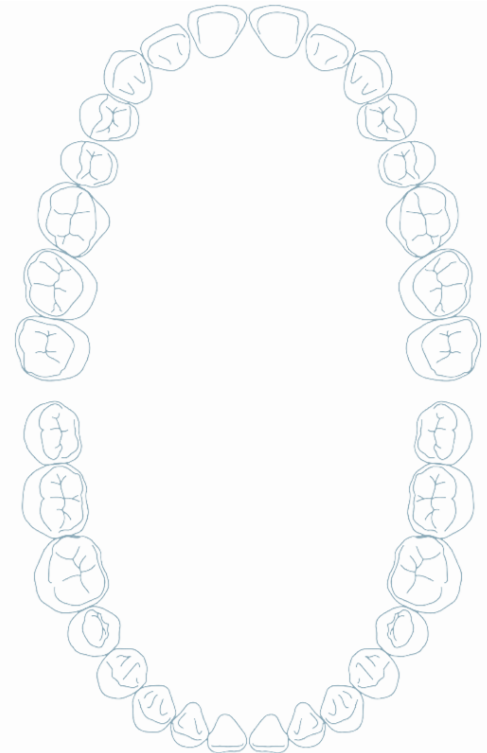
Teeth

Acrylic Base

Chrome Frame

Brand: _____ Type: _____ Clasps: _____
 Shade: _____ Shade: _____ Prep. Rests: _____
 Mould: _____ Clasps: _____

Design



Instructions

Case Procedures

Procedure	Start Date	Return Date	Time
Primary Models			
Special Tray			
Working Models			
Duplicate Models			
Occlusal Rims			
Try-In			
Re-Try			
Finish			
Other:			

Items Enclosed

Item	U	L	Date	Date	Date	Date
Impressions	<input type="checkbox"/>	<input type="checkbox"/>				
Models	<input type="checkbox"/>	<input type="checkbox"/>				
Special Tray	<input type="checkbox"/>	<input type="checkbox"/>				
Occlusal Rim	<input type="checkbox"/>	<input type="checkbox"/>				
Try-In	<input type="checkbox"/>	<input type="checkbox"/>				
Chrome	<input type="checkbox"/>	<input type="checkbox"/>				
Photographs:						
Other:						
The enclosed items have been cleaned and disinfected/sterilised in accordance with professionally recognised guidelines at the surgery.						
Signed:						

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 Annexure 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. **INSTRUCTIONS FOR USE, HANDLING AND STORAGE:** It is recommended that before use this dental appliance is stored in a safe and clean environment, preventing it coming into contact with equipment, materials, acids, alkalis or bleaches that may cause chemical or physical damage to the appliance. This dental appliance should not be exposed to extremes of temperature whilst being stored. Where applicable care should be taken when removing the dental appliance from the model. **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.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.