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M.D.D. Registered

Doctor Name		Patient		
Surgery		Age		
		Gender	Gender	
No of Trays	No of Bites	Date In	Date required	
High Quality (HQ) Superio	or Urgent	SHADE & CHAP	SHADE & CHARACTERISTICS	
8 7 6 5 4 3 2 1 1 2 8 7 6 5 4 3 2 1 1 2			#	
Further Instructions:	8	Stump Shade	Maria Alian	
	· <u> </u>			
			·	
Approved for manufacture by		Approved for release by:		

This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by the patient and conforms to the relevant essential requirements in Annex 1 of the Modical Devices Directive 93/42/EEC and the Modical Devices Regulations 2002 (SI No 618) as amended by (SI No 1697).