

Dentist Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Practice: \_\_\_\_\_

Date: \_\_\_\_\_

Job No:

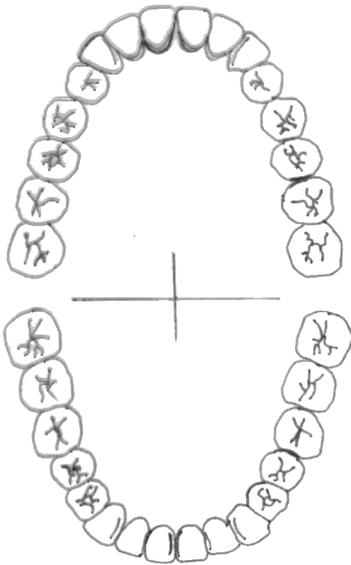
NHS

INT

PRI

Details and Notes:

Shade:



Bite	
S/Tray	
Try In	
Retry	
Finish	

**Origin of Manufacture Declaration: This appliance has been wholly manufactured within the E.U.**

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 relevant essential requirements specified in annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's 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, alkalies 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. All work undertaken is subject to our Terms and Conditions of Business.

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