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PROSTHETICS, CHROME & ORTHODONTIC PRESCRIPTION

Job No.		
Disinfected Official Sponsor 2012		Association of Dental Implentology UK Registered Membe
Surgeon & Address	SPECIAL TRAYS	Delivery Date Lab use Please date day before appointment
A custom made device for the exclusive use of: Patient	BITE CHROME BITE	Delivery Date Lab use
Please tick service required: Private NHS CASE TYPE U/- -/L Acrylic Denture Orthodontic Appliance Image: Chrome & Acrylic Chrome & Acrylic Night Guard Image: Chrome & Ch	TRY-IN	Delivery Date Lab use
Chrome Only	SHADE MOULD	
	RE-TRY	Delivery Date Lab use
	FINISH	Delivery Date Lab use
LABORATORY USE ONLY Imps sent Bite reg. sent Bites sent Other Models sent		
CONTRACT When signed for release, this device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42) EEC). If there are any essential requirements not met these will be stated. This statement does not apply to repairs etc. of a pre-manufactured appliance. The laboratory will manufacture the appliance as per the prescription, it is the prescribers responsibility to ensure that the prescription is completed correctly and complies to dental regulations.	TEETH TO BE EXTRACTED AT FINISH Pat	m Characterisation
Approved for manufacture by: Released by:	THIS COMPLETE APPLIANCE HAS MANUFACTURED WITHIN	

White Copy: Surgery Copy • Yellow Copy: Patient Statement of Conformity • Blue Copy: Lab

Keep away from extreme hot and cold. Non sterile appliance