



Lab Ref No.



## CUSTOM MADE DENTAL APPLIANCE PRESCRIPTION

Name of Prescriber	Clinic	Patient ID	<b>IMPLANTS</b> - all systems accepted	
			Straumann <input type="checkbox"/>	Astra <input type="checkbox"/>
			3i <input type="checkbox"/>	Ankylos <input type="checkbox"/>
			Nobel Biocare <input type="checkbox"/>	Bicon <input type="checkbox"/>
			Neoss <input type="checkbox"/>	Other <input type="checkbox"/>
			Bio-Horizons <input type="checkbox"/>	Size _____

Shade	Private <input type="checkbox"/>	NHS <input type="checkbox"/>
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Charting	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

<b>SPECIAL TRAYS</b> <input type="checkbox"/>	Delivery Date _____ Please date day before appointment	<b>CASE TYPE</b>	U/- <input type="checkbox"/> -/L <input type="checkbox"/>	<b>VACUUM FORMED</b>	U/- <input type="checkbox"/> -/L <input type="checkbox"/>
<b>BITE</b> <input type="checkbox"/>	Delivery Date _____ Please date day before appointment	<b>CHROME</b>		Night Guard soft 2mm <input type="checkbox"/>	
<b>TRY-IN</b> <input type="checkbox"/>	Delivery Date _____ Please date day before appointment	Skeletal <input type="checkbox"/>		Bleaching Tray soft 1mm <input type="checkbox"/>	
<b>RE-TRY</b> <input type="checkbox"/>	Delivery Date _____ Please date day before appointment	Horseshoe <input type="checkbox"/>		Retainer rigid 1mm <input type="checkbox"/>	
<b>FINISH</b> <input type="checkbox"/>	Delivery Date _____ Please date day before appointment	Plate <input type="checkbox"/>		Dual Laminate 3mm <input type="checkbox"/>	
		Bar <input type="checkbox"/>		<b>SPORTS GUARD</b> <input type="checkbox"/>	
		Orthodontic Appliance <input type="checkbox"/>		<b>TEETH TO BE EXTRACTED AT FINISH</b>	
		Michigan <input type="checkbox"/>			
		Tanner <input type="checkbox"/>			
		Splint <input type="checkbox"/>			
		Hard Flaked <input type="checkbox"/>			
		Stent with Teeth etc <input type="checkbox"/>			

<b>CROWN &amp; BRIDGE WORK</b>	<b>NON-PRECIOUS</b>	<b>PRECIOUS</b>
Porcelain Bonded Crown	<input type="checkbox"/>	<input type="checkbox"/>
Porcelain Bonded Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Non-precious Crown Silver	<input type="checkbox"/>	
33% + Silver Crown		<input type="checkbox"/>
33% + Yellow Crown		<input type="checkbox"/>
60% + Yellow Crown		<input type="checkbox"/>
Inlay 60% + yellow		<input type="checkbox"/>
Post & Core	<input type="checkbox"/>	<input type="checkbox"/>
Maryland Bridge (Sand blasted, etched)	<input type="checkbox"/>	
Sand Blast and Re Etch	<input type="checkbox"/>	

### CASE INSTRUCTIONS AND AMENDMENTS RECORD

<b>METAL FREE RESTORATIONS</b>	
Zirconia Full Contour <input type="checkbox"/>	
Zirconia Layered <input type="checkbox"/>	
E-Max / Pressed Ceramic <input type="checkbox"/>	
Composite <input type="checkbox"/>	
Porcelain Veneer <input type="checkbox"/>	
Porcelain Inlay <input type="checkbox"/>	
Temp. Crowns/Bridges <input type="checkbox"/>	
<b>UNDERLYING PREPARED TOOTH/STUMP COLOUR</b>	
Natural <input type="checkbox"/>	Severe Discolouration <input type="checkbox"/>
Mild Discolouration <input type="checkbox"/>	Metal <input type="checkbox"/>

### LABORATORY USE ONLY

<b>Enclosures</b> <input type="checkbox"/> Rubber Imp. <input type="checkbox"/> Crown to shade match <input type="checkbox"/> Face bow <input type="checkbox"/> Alignate <input type="checkbox"/> Bite registration <input type="checkbox"/> Implant component <input type="checkbox"/> Study model <input type="checkbox"/> Photograph <input type="checkbox"/> Other	<b>Approved for manufacture by:</b> Sign: _____	<b>Approved for release by:</b> Sign: _____
	<b>Batch No.</b> _____	

<table border="1"> <tr> <th>Stages</th> <th>Model</th> </tr> <tr> <td>S/T</td> <td>D/TRIM</td> </tr> <tr> <td>B/B</td> <td>SCAN</td> </tr> <tr> <td>TRY</td> <td>WAX</td> </tr> <tr> <td>RE-TRY</td> <td>M/W</td> </tr> <tr> <td>FINISH</td> <td>CERAMIC</td> </tr> </table>	Stages	Model	S/T	D/TRIM	B/B	SCAN	TRY	WAX	RE-TRY	M/W	FINISH	CERAMIC	<p>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 of the Medical Devices Regulations.</p> <p>This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.</p> <p>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 its model.</p> <p><b>ORIGIN OF MANUFACTURE DECLARATION</b> This complete appliance has been wholly manufactured with the UK &amp; EU.</p> <p><b>PRESCRIBER FEEDBACK</b> 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.</p>
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