

[illegible]

Surgeon		Practice	
Patient Name / ID		Age	Male/ Female

Working Times <i>Please tick</i> Working times exclude weekends and Bank Holidays Normal 5 working days ☐ Express By Arrangement ☐	RETURN DATE <i>Please date at least one day before appointment</i>		DISINFECTED	Tech No.
	Bite/ Special Tray			
	Try			
	Retry			
	2nd Retry			
Enclosures <i>Please tick</i> Study Models ☐ Imps U ☐ L ☐ Bite Reg ☐ Photo - Images ☐	Finish			

Code	Price per Unit	Quantity	Total £
Total Cost £			

LAB USE ONLY

CONTRACT When signed for release, this custom-made medical device conforms with the general safety and performance requirements specified in Annex 1 of the Medical Devices Regulations. It has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above identified patient. 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. It is the prescriber's responsibility to ensure that the prescription is completed correctly and complies to dental regulations. Our MHRA reference number is 3943. 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.		Job Ref Number:
Approved for manufacture by:	Inspected and approved for release by:	
Keep away from extreme hot and cold. Non sterile appliance.		