

Private Dental Appliance Prescription and Delivery Note

Job No(Office Use Only)

| DENTIST DETAILS | | PATIENT DETAILS | | SENT DATE |
|--------------------------------|---|---|---|---|
| Surgeon: | | <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr Name/ID: | | RETURN DATE |
| Practice: | | Surname/ID: | | !Not the appointment date! |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female Age | | |
| SHADE | TYPE OF RESTORATION | | BITE REGISTRATION | |
| | <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Inlay <input type="checkbox"/> Onlay (if All Ceramic) | <input type="checkbox"/> Veneer <input type="checkbox"/> Implant <input type="checkbox"/> RPD: <input type="checkbox"/> CrCo <input type="checkbox"/> PEEK | Metal ceramic <input type="checkbox"/> Non-Precious <input type="checkbox"/> Precious All Ceramic <input type="checkbox"/> E.max <input type="checkbox"/> Zirconia Composite <input type="checkbox"/> Nexco | <input type="checkbox"/> Wax <input type="checkbox"/> PVS <input type="checkbox"/> Facebow PHOTOS SUPPLIED <input type="checkbox"/> USB <input type="checkbox"/> Email <input type="checkbox"/> Whatsapp |
| EFFECT | | | | WORKING TIMES |
| | | | | 6 units or less 7 working days in lab excluding sent and return date 7 units or more 8 working days in lab excluding sent and return date Implant and Full Mouth Rehab 10 working days in lab excluding sent and return date Express Service 5 days express service charge applies at an additional 25% per unit. |
| SPECIAL INSTRUCTIONS AND NOTES | | | | |
| | | | | |
| LAB COMMENTS | | | | |
| | | | | |

Approved for manufacture:

Date:

Approved for release:

Date:

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 specified in Annex I of the Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, handling and instruction 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.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the UK & EU.

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