

Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible. PLEASE NOTE ALL ITEMS ARE RETURNED NON-STERILE. Saxon House, 84 Hollow Road Bury St Edmunds, Suffolk IP32 7AZ

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DENTIST:		LAB USE:
ADDRESS:		DATE OF IMPRESSION:
Custom made for the exclusive use of: PATIENT Ref No:		PRIVATE INDEPENDENT INDEPENDEN
DELIVERY DATE: (at least 1 day before appointment)	R	UPPER
SHADE:		5 4 3 2 1 1 2 3 4 5 6 7 8 5 4 3 2 1 1 2 3 4 5 6 7 8
	R	LOWER
	PBC COM	RCONIA (not available on NHS) MPOSITE PJC ALL METAL CROWN OUS (SILVER) PRECIOUS (SILVER) ECIOUS: 40% 60% 90%
INSTRUCTIONS:		
APPROVED FOR MANUFACTURE	LAB USE	FINAL INSPECTION
Sign:		Sign: