

**DENTIST:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**JOB NO:** \_\_\_\_\_

Custom made for the exclusive use of:

**PATIENT** \_\_\_\_\_

Ref No: \_\_\_\_\_

Service required, please tick  **PRIVATE**  **INDEPENDENT**  **NHS**

**DELIVERY DATE:** (at least 1 day before appointment)

|                          |       |
|--------------------------|-------|
| <b>SPECIAL TRAY</b>      | _____ |
| <b>BITE REGISTRATION</b> | _____ |
| <b>TRY-IN</b>            | _____ |
| <b>RE-TRY</b>            | _____ |
| <b>FINISH</b>            | _____ |

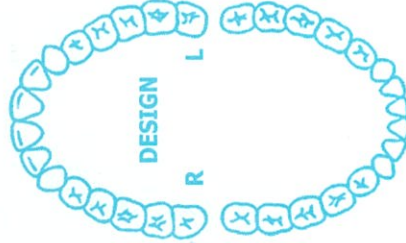
**ACRYLIC**  **CHROME**  **FLEX**  **OTHER**

**SHADE:** \_\_\_\_\_

**CLASPS:** \_\_\_\_\_

**IMMEDIATES:** \_\_\_\_\_

**TO REPLACE:** \_\_\_\_\_



**DENTIST INSTRUCTIONS**

**LAB USE**

APPROVED FOR  
MANUFACTURE

Signature

Date

FINAL INSPECTION

Signature

Date

This custom-made medical device conforms to the general safety and performance requirements specified in Annex 1 of the Medical Devices Regulations. **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.

