

If you have any queries regarding the fit or performance of your appliance you should contact the prescribing dentist for further information

Client

Address - Please print clearly

Telephone No

Patient: - Name Age M/F

Job No Shade Guide Used Shade Required

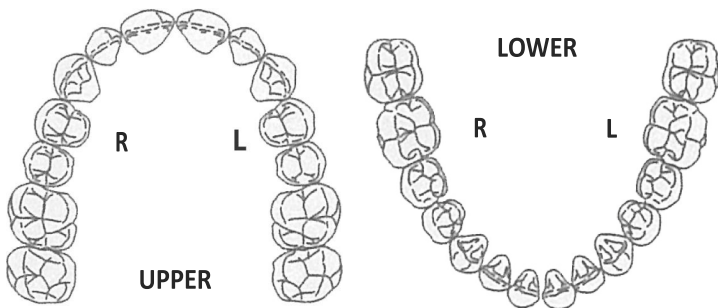
Contract: All Inclusive: ☐ Staged: ☐

nano edp ☐ edp ☐

idp ☐ Simplex ☐

Flexible partial denture ☐ Implant Retained ☐

Design instruction/information



Lab use only

- ☐ Imps sent
☐ Models sent
☐ Bite sent
☐ Chrome sent
☐ Try-in sent
☐ Denture sent
☐ Other.....

Approved for manufacture by:

(sign).....(date).....

Approved for release by:

(sign).....(date).....

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

☐ Yes
☐ No (If no, detail manufacturing locations Below)

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 relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom 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 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, alkalies 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. Where applicable, instructions on how to use or clean this medical device may be obtained from the prescriber.

Laboratory Ticket & Patient Prescription

Bridge End Works
 Saddleworth Road
 Elland HX5 0RY
 Tel/Fax: 01422 379182
 Email dentamol@btinternet.com
 Website: www.dentamol.co.uk

Please complete & tick relevant boxes/section

Study models	<input type="checkbox"/>
Bite registration rim	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Special tray	<input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Perforated <input type="checkbox"/> Non Perforated

Chrome Cobalt	
Complete	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Partial plate	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Skeleton multi bar	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Skeleton single bar	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
Acetal resin clasp	<input type="checkbox"/> Upper <input type="checkbox"/> Lower

Prosthetics	SURGERY DISINFECTED, PLEASE TICK BOX
	APPOINTMENT DATE/TIME
Bite registration	<input type="checkbox"/> Date...../...../..... Time.....
Try-in of metalwork only	<input type="checkbox"/> Date...../...../..... Time.....
Try-in of teeth - metalwork	<input type="checkbox"/> Date...../...../..... Time.....
Try-in of teeth - acrylic denture	<input type="checkbox"/> Date...../...../..... Time.....
Process & Finish	<input type="checkbox"/> Date...../...../..... Time.....
Re-try of teeth	<input type="checkbox"/> Date...../...../..... Time.....
Re-try and process	<input type="checkbox"/> Date...../...../..... Time.....
Re-line acrylic	<input type="checkbox"/> Date...../...../..... Time.....
Soft Lining	<input type="checkbox"/> Date...../...../..... Time.....

Pressure Thermo forming	
<input type="checkbox"/> Base plate	<input type="checkbox"/> Whitening/Fluoride/Medical
<input type="checkbox"/> Sports mouth guard	<input type="checkbox"/> Anti-Snoring Device
<input type="checkbox"/> Splints/Retainers/Stents	

Special Instruction (PLEASE PRINT CLEARLY)

Request a call ☐



GDC

protecting patients,
regulating the dental team



Safeguarding Public Health
MDD No: CA009282



