

Practice		Job No.	Date Imp Taken.	
Dentist		Please Specify: <input type="checkbox"/> Acrylic <input type="checkbox"/> Independent <input type="checkbox"/> Chrome <input type="checkbox"/> Private <input type="checkbox"/> Valpast <input checked="" type="checkbox"/> Premium <input type="checkbox"/> Vertex	ST	Bite
Patient ID			Chrome Metal Only	
Tel No.			Try-In	
DOB	Shade		Re-try	
Photos Supplied by: <input type="checkbox"/> Email <input type="checkbox"/> Printed <input type="checkbox"/> Whatsapp			Finish	

Right Left

BAR - PLATE - CLASPS - RESTS

Right Left

BAR - PLATE - CLASPS - RESTS

Type of device

☐ Denture ☐ Soft Bite Guard ☐ Whitening Trays

☐ Essix Retainer ☐ Sports Gum Shield ☐ Study Models

Prescription

Bite

Special Tray

Try in

Finish

LAB USE	Case in	Case out	Code	Technician
IMPS				
Bites				
SPTrays				
Setup				
Waxup				
Finish				
Chrome Framework				
Final Check	Bite	SP Tray	Try In	Finish
			C.R	

MHRA NO. 3797

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 requirements 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.

ORIGIN OF MANUFACTURE DECLARATION
This complete appliance has been wholly manufactured within the 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 regarding the enclosed device(s) as soon as possible.

KEEP AWAY FROM EXTREMES OF HEAT & COLD FOR FULL TERMS & CONDITIONS PLEASE VISIT OUR WEBSITE.

