

Medical Devices
Agency Registered
Ref. No CA002587



9 Collec Depot
Billington Road
Leighton Buzzard
Bedfordshire LU7 9HH

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INSTRUCTIONS:

PLEASE PRINT ALL NAMES CLEARLY AND IN FULL

Prescribing Dentist:	Female <input type="checkbox"/>	Date:	Job No:		
Surgery:	Male <input type="checkbox"/>				
	Age <input type="checkbox"/>				
This is a custom made device for the exclusive use of: Patient's Name:		Patient Reference No.	NHS	Ind.	Private

Model:		
Sp. Tray:		
Bite:		
Try-In:		
Retry:		
Delivery Date:		
Imp. Disinfected:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Shade:

Individual Characterisation

Notation:

LAB USE ONLY

APPROVED FOR MANUFACTURE.

SIGNED:

.....

Authorised for release by:

.....

(On behalf of the Laboratory)

Date:

ALL WORK WILL BE RETURNED IN A NON-STERILE STATE.
DO NOT EXPOSE TO EXTREMES OF HEAT OR COLD.

Fold here