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MHRA No. 8124

Job No.

Surgery / Clinician name:

Patient name:

M/F:

Age:

This is a custom made device for the exclusive use of the above named patient.

FILL IN BY LAB

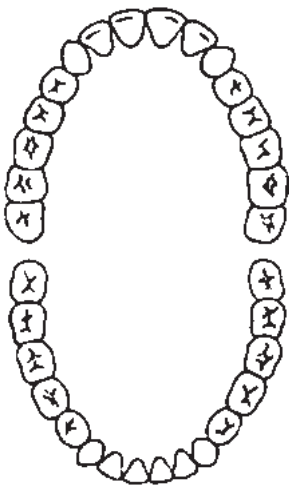
Dates	Laboratory received:	Send out:	Stage checks:
Models			
Special Trays			
Bite Blocks			
Try-in			
Re-try			
Finish			

FILL IN BY DENTIST

Patient Booked in:

CASE INSTRUCTION:

SHADE:



- VITA (included)
- VITA Excell (extra charge)
- SR Phonares II (extra charge)
- Enigma life (extra charge)

- Emax Crown
- Emax Veneer
- Emax Inlay/Onlay
- ZirkonZahn Prettau
- Zirconium Crown
- Zirconium Bridge
- Zirconium Inlay/Onlay
- Gold Crown
- Gold Inlay
- Bonded Crown PM
- Bonded Bridge PM
- Bonded Crown NP
- Bonded Bridge NP
- Composite Inlay/Veneer

Approved for manufacture by: Sign:	Approved for release: Sign:
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This device has been manufactured to satisfy the design characteristics and properties specified by the prescriber. This device conforms to the relevant essential requirements specified in annex 1 of the Medical Devices Directive and the United Kingdom Devices Regulation.

Use, handling and storage: it is recommended to store this appliance in a safe and clean environment, preventing it from coming into contact with equipment, materials containing bleaches that may cause chemical or physical damage to the appliance. This appliance should not be exposed to extremes of temperature.