

Type of appliance <i>(Please tick):</i>	Prosthetics	C&B	Ortho	Chrome	Mouthguard	S/Tray	Other
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PRESCRIBING DENTIST NAME	CUSTOM MADE FOR THE EXCLUSIVE USE OF (PATIENT NAME / ID)	CASTING <i>(Lab use only)</i>
CLINIC ADDRESS		

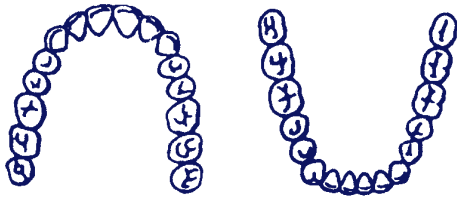
DATES	
DATE BEFORE APPOINTMENTS	
BITE	
TRY-IN	
RE-TRY	
FINISH	

INSTRUCTIONS	
NHS	SHADE
INDEPENDENT	MOULD
PRIVATE	

DEVICE REQUIRED

FURTHER INSTRUCTIONS

ADDITIONAL CHARACTERISTICS



STAINS & CHARACTERISTICS

LABORATORY USE ONLY

Approved for manufacture by:

Final inspection:

1. Imps In	2. Bite Out	3. Bite In	4. Try Out	5. Try In	6. Finish Out	7. Crown Imp In	8. Crown Out	9. Repair In	10. Repair Out
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This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for the exclusive use by this patient and conforms to the relevant essential requirements specified in Annex I of the Medical Devices Directive (93/42/EEC) and the United Kingdom Devices Regulations.

ANY RELEVANT ESSENTIAL REQUIREMENTS NOT MET ARE LISTED OVERLEAF

KEEP AWAY FROM THE EXTREMITIES OF HEAT AND COLD

Office use only:	Total cost of appliance:
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MDD
Reg No. CA005405