

## Prosthetics

Tel: 01803 814580 Email: info@customdental.co.uk www.customdental.co.uk  
 Custom Dental Laboratory, Unit 10, Ipplepen Business Park, Totnes Road, Newton Abbot TQ12 5UG

Prescribing Dentist's Name .....

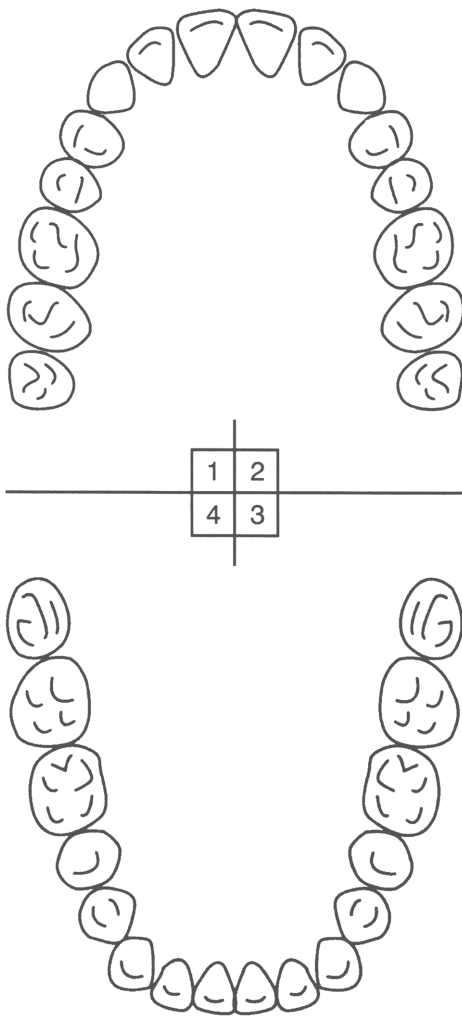
Practice Address .....

This is a custom made device for the exclusive use of

Patient's Name ..... Age .....

Prosthetics		Date required	Chrome Cobalt	Date required	Orthodontic	Date required
Special trays	<input type="checkbox"/>	.....	Metal framework	<input type="checkbox"/>	Study models	<input type="checkbox"/>
Bite blocks	<input type="checkbox"/>	.....	with teeth	<input type="checkbox"/>	Appliance	<input type="checkbox"/>
Try In	<input type="checkbox"/>	.....	Metal framework only	<input type="checkbox"/>	Bleaching trays	<input type="checkbox"/>
Retry	<input type="checkbox"/>	.....	Acetal resin clasps	<input type="checkbox"/>	Essix retainers	<input type="checkbox"/>
Finish	<input type="checkbox"/>	.....	Shade			

Job No.



Case instructions

Send me more lab tickets



Job No.
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Enclosures
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In-Process Checks	Technicians Initials
Models Prepared by:	
Die Trim:	
Metalwork:	
Post & Core:	
Porcelain / Composite Build Up:	
Others:	

Additional Comments
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Approved for Manufacture by Signature:	Approved for Release by Signature:
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This is a custom-made medical device that has been manufactured to satisfy the attributes, characteristics, properties and features 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 I of the Medical Devices Directive (93/42/EEC) and the United Kingdom Devices Regulations SI 1994 No. 3017. This statement does not apply to medical devices that have been repaired and / or refurbished for an individual patient's use.