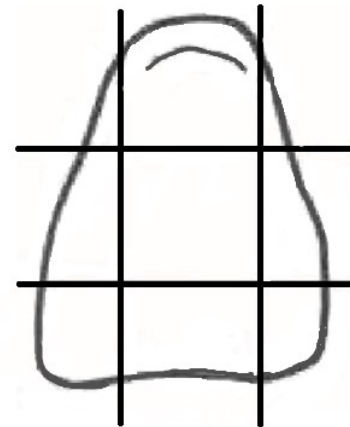



Registered with the UK competent authority 5133

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Please complete the appropriate sections of this prescription and return to address above. If you any question regarding this prescription, please contact us on 07733316400.

<b>Prescribers name:</b>		<b>Clinic:</b>		<b>Patient:</b>		Impression <input type="checkbox"/> Digital <input type="checkbox"/>			
<b>Implant abutment</b> Number ( ) Brand & Platform (please specify) <input type="text"/>  <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Stock abutment <input type="checkbox"/> Chrome Cobalt (one piece screw retained*)  Screw retained (if possible) <input type="checkbox"/> Angled access (if possible) <input type="checkbox"/> Placement jig <input type="checkbox"/>  <b>Type of crown:</b> <b>PFM</b> (please specify) <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Non-precious <input type="checkbox"/> Veneer <input type="checkbox"/> Temporary <b>Zirconia</b> (please specify) <input type="checkbox"/> Veneered <input type="checkbox"/> Solid		<b>Enclosures:</b> Impression <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Metal tray <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> Bite <input type="checkbox"/> Other <input type="checkbox"/>  <b>Implant components:</b> Analogues <input type="checkbox"/> quantity: Abutments <input type="checkbox"/> quantity: Other: <input type="checkbox"/>  <b>Patient Data</b> Gender <input type="checkbox"/> F <input type="checkbox"/> M  Restoration appearance Natural <input type="checkbox"/> Aesthetic <input type="checkbox"/>		<b>Shade/characterisation:</b>  					
<b>Instructions:</b>						Date required:			
Prescribing Dentist signature:									
<b>FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY</b>									
<b>Approved for manufacture</b> <input type="checkbox"/> yes <input type="checkbox"/> No Sign: <input type="text"/> Date received: <input type="text"/>			Reason: <input type="text"/>		<b>Approved for release</b> <input type="checkbox"/> yes <input type="checkbox"/> No Sign: <input type="text"/> Date dispatched: <input type="text"/>			Reason: <input type="text"/>	
<b>Amendments to original prescription:</b>  Sign: <input type="text"/>				<b>Origin of manufacture declaration</b> This complete appliance has been wholly manufactured within the EU + UK <input type="checkbox"/> yes <input type="checkbox"/> No (If No, detail manufacturing locations below) 1. <input type="text"/> 2. <input type="text"/>					
<p><b>Your attention is drawn to the following statement:</b> 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 applicable general safety and performance requirements specified in the UK &amp; EU Medical Devices Regulations.</p> <p><i>This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.</i></p> <p><i>Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.</i></p> <p><i>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.</i></p>									