

Prescribing
Dentist _____
Address _____
Patient's
Name _____

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

DEVICE DETAILS

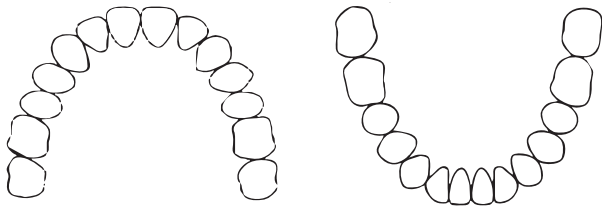
Private Independent NHS

Smile Line
High Low Shade Mould

Notation

Teeth to be extracted	

DESIGN



STATEMENT

Your attention is drawn to the following statement. This is a custom made 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 the exclusive use by this patient and conforms to the relevant essential requirements specified in annex 1 of the medical devices directive and the United Kingdom medical devices regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

INSTRUCTIONS:

DEVICE TYPE (Please tick)

Acrylic Denture (Please write dates in ACRYLIC etc SECTION)
 Chrome Denture (Please write dates in CHROME SECTION)
 Implant (Please write dates in IMPLANT SECTION)
 Disinfected Yes No
 Other _____

ACRYLIC etc SECTION (Also for Study Models, Mouth Guards Etc)

Stage of	Return	Patient appointment	Date Rec' in lab
Device	Date	Date and time	*for PH CDT use
TRAYS	<input type="text"/>	<input type="text"/>	<input type="text"/>
BITE	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRY-IN	<input type="text"/>	<input type="text"/>	<input type="text"/>
RETRY	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINISH	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHROME SECTION

****Framework construction:** Please allow the following **WORKING DAYS IN THE LAB** 10 days for private and independent, 14 for NHS.**

Stage of	Return	Patient appointment	Date Rec' in lab
Device	Date	Date and time	*for PH CDT use
Please enter the dates next to your framework (F/W) preference*:			
*F/W ONLY	<input type="text"/>	<input type="text"/>	<input type="text"/>
*F/W with BITE	<input type="text"/>	<input type="text"/>	<input type="text"/>
*F/W with TOOTH TRY IN	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINISH	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPLANT SECTION

Stage of	Return	Patient appointment	Date Rec' in lab
Device	Date	Date and time	*for PH CDT use
TRAYS	<input type="text"/>	<input type="text"/>	<input type="text"/>
JIG	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRIAL	<input type="text"/>	<input type="text"/>	<input type="text"/>
RETRY	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINISH	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fixed Bar and Overdenture Overdenture (Please tick)