

PROSTHETICS



THE LAB
DENTAL DESIGN STUDIO

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Surgeon

Name: _____
Address: _____

Telephone: _____
Email Address: _____

Patient

Custom made device for the exclusive use of

Number: _____
Age: _____ Sex: ☐ M ☐ F

Job number

Device / stage

	Upper:	Lower:	Date required:	Time:
Special Trays				
Bite Blocks				
Chrome cobalt framework				
Try-In				
Re-Try				
Finish				

Photographs

Included: ☐
Lab visit: ☐
Emailed: ☐

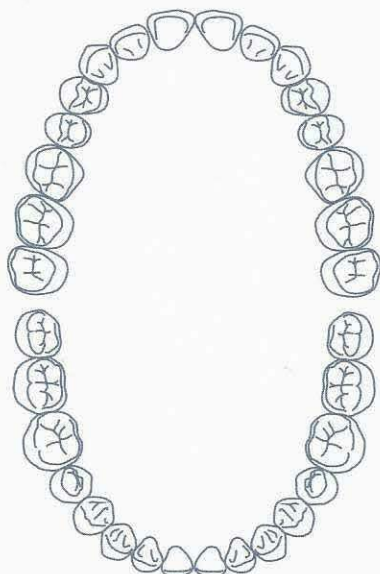
Articulation & Registration

Bite: ☐
Face bow: ☐
Stick bite: ☐

Impressions disinfected

Yes: ☐
No: ☐

Restoration type and further instructions



Shade

Models made by: _____
Models checked by: _____

Surgeon signature

Date: ____ / ____ / ____

Review of requirements

Approved for manufacture by

Date: ____ / ____ / ____

Final inspection

Approved for release by

Date: ____ / ____ / ____

For laboratory use only

Alloy weight:

MDA 4365

Laboratory notes

YOUR ATTENTION IS DRAWN TO THE FOLLOWING:

This is a custom made appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the client for the above patient.
This dental appliance is intended for the exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex 1 of the Medical devices regulations S1 1994 No 3017

STORING, HANDLING AND INSTRUCTIONS FOR USE:

It is recommended that before use this dental appliance is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalis or bleaches that could cause physical or chemical damage to the dental appliance. This dental appliance should not be subjected to extremes of temperature during storage. When applicable you should take care not to damage the dental appliance when removing it from the model. Where applicable, instruction on how to use or clean this appliance may be obtained from the prescriber.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.

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.

