



THE LAB
DENTAL DESIGN STUDIO

The Lab Dental Design Studio Ltd
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Surgeon

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Patient

Custom made devise for the exclusive use of

Number: _____

Age: _____ Sex: ☐ M ☐ F

Appointment details

Date required: ___ / ___ / ___

Time: _____

Photographs

Included: ☐

Lab visit: ☐

Emailed: ☐

Articulation & Registration

Bite: ☐

Face bow: ☐

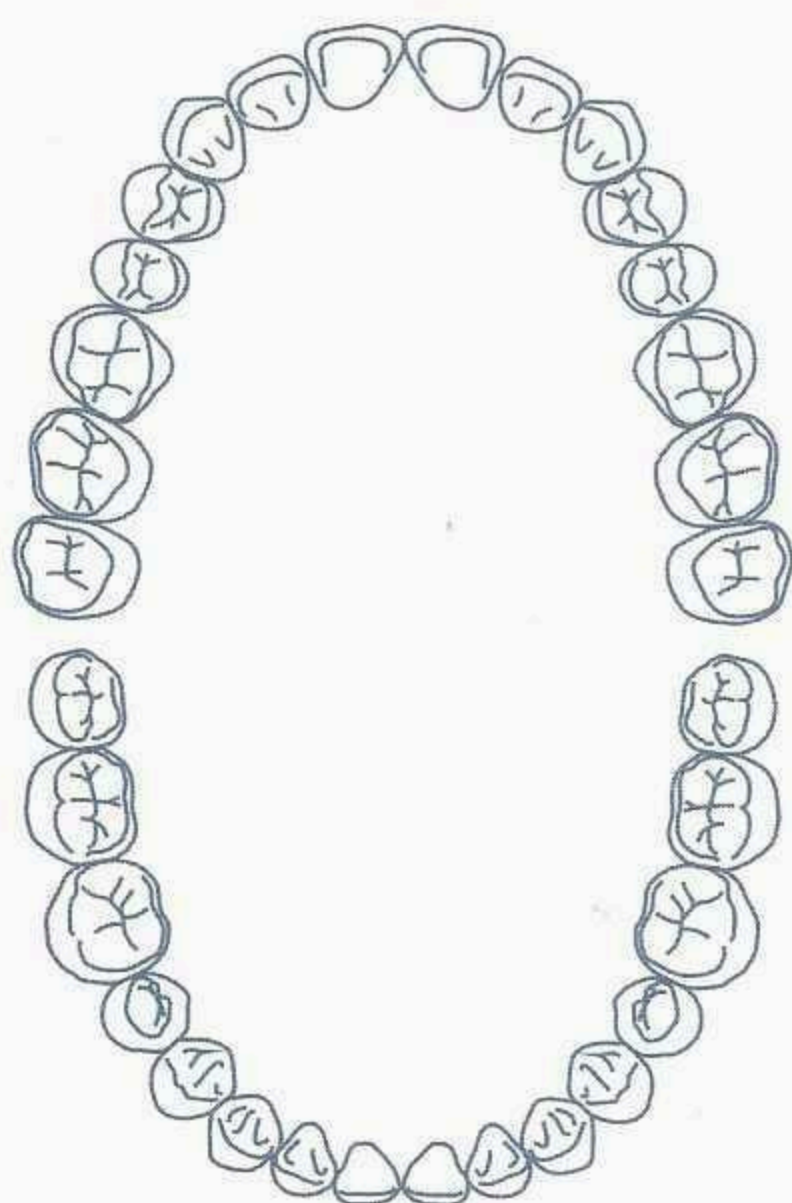
Stick bite: ☐

Impressions disinfected

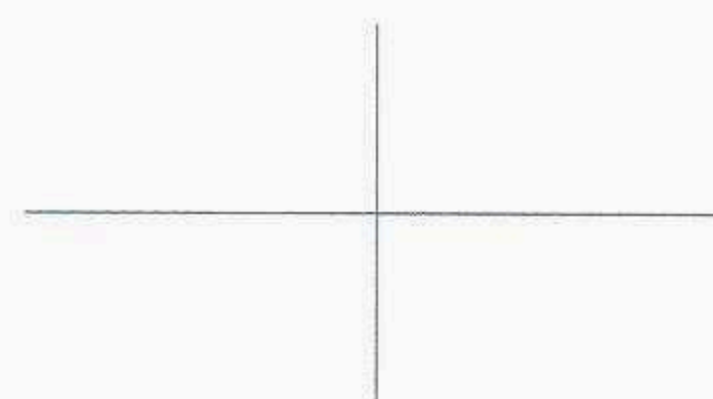
Yes: ☐

No: ☐

Restoration type and further instructions



Job number



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, alkalies 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.

