

Dentist

Return Date

Practice

PLEASE NOTE: Working days exclude Saturdays, Sundays, holidays and days in transit.
Please ensure the return date is at least one day before the patient's appointment.

Patient Name

Order No.

Age

Gender

Basic Shade

Stump Shade

Enclosures

Rubber U L
 Alginate U L
 Bite
 Study cast
 Facebow

Material

All ceramic
 Non-precious alloy
 Precious alloy
 Composite

Notation

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| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

INSTRUCTIONS



This medical device has been supplied in non-sterile condition.

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 relevant general safety and performance requirements specified in Annex I of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.