



Prescribed By: Name: Practice: Practice No:	This is a CUSTOM MADE DEVICE for the exclusive use of the patient named below:	Ticket No.
------------------------------------------------------	--------------------------------------------------------------------------------	------------

APPOINTMENT DATE S. Tray U <input type="checkbox"/> L <input type="checkbox"/> // Reg.Block U <input type="checkbox"/> L <input type="checkbox"/> // Try 1. // Try 2. // Finish // Reduced Stage Denture <input type="checkbox"/> Teeth Senator <input type="checkbox"/> Vita MFT <input type="checkbox"/> Vivodent PE <input type="checkbox"/>	Prescription: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">UR</td> <td style="width: 33%; border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="width: 33%; text-align: center;">UL</td> </tr> <tr> <td style="text-align: center;">LR</td> <td style="border-left: 1px solid black; border-right: 1px solid black;"></td> <td style="text-align: center;">LL</td> </tr> </table>	UR		UL	LR		LL
UR		UL					
LR		LL					
	Shade: NHS Independent Private						

LABORATORY USE ONLY

RELEASED BY:	DATE:
when signed this forms the STATEMENT and LABEL as required to conform to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC). MHRA Registration No. CA013615	

1	2	3	4
5	6	7	8

ITEMS SUPPLIED ARE CLEAN BUT IN A NON STERILE CONDITION