

IMPRESSION DATE:

SURGEON:

ADDRESS:

PATIENT:

This is a custom made device for the exclusive use of the patient named above

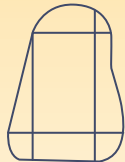
| | | | |
|------------|--|--|--|
| SP Trays | | | |
| Bite | | | |
| Try In | | | |
| Re Try | | | |
| FIT/FINISH | | | |

Lab use only

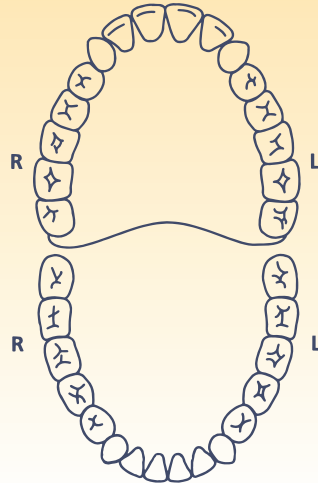
| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

Goods are supplied in a non-sterile condition unless otherwise stated

N.B. Delivery date should be the day before patient's appointment



DESIGN



SHADE:

MOULD:

✓ TICK WHERE APPROPRIATE

| | | | |
|---------------|--------------------------|------------------|--------------------------|
| PROSTHETICS | <input type="checkbox"/> | PRIVATE | <input type="checkbox"/> |
| CHROME COBALT | <input type="checkbox"/> | INDEPENDENT PLUS | <input type="checkbox"/> |
| PORCELAIN | <input type="checkbox"/> | INDEPENDENT | <input type="checkbox"/> |
| CROWN | <input type="checkbox"/> | STANDARD | <input type="checkbox"/> |
| BRIDGE | <input type="checkbox"/> | | |
| GOLD | <input type="checkbox"/> | | |
| BONDED | <input type="checkbox"/> | | |
| ORTHODONTICS | <input type="checkbox"/> | | |
| OTHER | <input type="checkbox"/> | | |

JOB NUMBER:

INSTRUCTIONS

APPROVED FOR MANUFACTURE

FINAL INSPECTION

Sign:

Sign:

Date:

Date:

THIS STATEMENT IS TO BE GIVEN TO THE PATIENT

IT IS A LEGAL REQUIREMENT THAT THIS STATEMENT AND THE INFORMATION IT CONTAINS ABOUT YOUR CUSTOM MADE DENTAL APPLIANCE BE GIVEN TO YOU. HOWEVER THERE IS SOME TECHNICAL INFORMATION ABOUT THE DENTAL APPLIANCE, THE PRESCRIBER AND THE DENTAL LABORATORY WHO MANUFACTURED THE DEVICE WHICH MAY BE REQUIRED IN THE FUTURE IF ANY CHANGES ARE MADE TO THIS APPLIANCE. IT IS RECOMMENDED YOU KEEP THIS SAFE AND SHOULD YOU REQUIRE ANY FURTHER TREATMENT HAVE THE STATEMENT AVAILABLE IF THIS INFORMATION IS REQUIRED.

THIS IS A CUSTOM MADE MEDICAL DEVICE THAT HAS BEEN MANUFACTURED ENTIRELY IN THE EU 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 THE PATIENT AND CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENT SPECIFIED IN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE (93/42/EEC) 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.

STORING, HANDLING AND INSTRUCTIONS FOR USE: IT IS RECOMMENDED BEFORE USE, THIS MEDICAL DEVICE 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 MEDICAL DEVICE. THE MEDICAL DEVICE SHOULD NOT BE SUBJECTED TO EXTREMES OF TEMPERATURE DURING STORAGE. WHERE APPLICABLE, INSTRUCTION ON HOW TO USE OR CLEAN THIS MEDICAL DEVICE CAN BE OBTAINED FROM THE PRESCRIBER.



WESTWOOD
LABORATORY LTD
Argyle House
Skerne Park, Skerne Road,
Driffield, East Yorkshire
YO25 6RT
Telephone: 01377 250333
MDD Reg. No. CA002752

INVOICE

| | | |
|---------------------|----------|---------------|
| GOLD/PRECIOUS METAL | DENTURES | PATIENT NAME: |
| £ | £ | |
| PORCELAIN | TEETH | JOB NUMBER: |
| £ | £ | |
| PORCELAIN TO METAL | SUNDRIES | TOTAL |
| £ | £ | £ |

PS. PLEASE DON'T KEEP US A SECRET - WE GROW BY REFERRALS