R Upper L	R Lower	TOOTH CHOICE	CHROME SHADE ANTERIORS POSTERIORS Gervice Level Please tick			
18 17 16 15 14 13 12 11 21 48 47 46 45 44 43 42 41 31	22 23 24 25 26 27 28 32 33 34 35 36 37 38	Premi				
Instructions and Amendments Record						
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∮ straumann	TA TA	Dental Laboratories Association	Retish Academy of			















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PROSTHETICS PRESCRIPTION

Surgeon		Pra	ctice			
Patient Name / ID	Age	Male/ Female				
		DETLIEN DATE OF	data at la	ast one day before appointment	DISINFECTED Tech No.	
Working Times Please tick Working times exclude weekends and Bank Holidays	Bite/ Special Tray	RETURN DATE PIE	ease date at le	ast one aay before appointment	DISINI ECTED Tech No.	
Normal 5 working days Express By Arrangement	Try					
Enclosures Please tick Study Models	Retry					
Imps U	2nd Retry					
Bite Reg Photo - Images	Finish					
Code		Price per Unit		Quantity	Total £	
	BL	JSE	Total Co	St £		
When signed for release, this custom-made medical device conforms with the general safety and performance requirements specified in Annex 1 of the Medical Devices Regulations. It has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above identified patient. If there are any essential requirements not met, these will be stated. This statement does not apply to repairs etc. of a pre-manufactured appliance. It is the prescriber's responsibility to ensure that the prescription is completed correctly and complies to dental regulations. Our MHRA reference number is 3943. 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.						
Approved for Inspected and approved for release by:						

Keep away from extreme hot and cold. Non sterile appliance.