




7 Lon Fach, Rhiwbina
Cardiff CF14 6DY
Tel: 029 2061 9714

Specialists in Dental Crown, Bridgework, Precision Attachments and Implants

MEDICAL DEVICES DIRECTIVE REGISTERED LABORATORY

Type of Appliance (Please tick)	Prosthetic	C & B	Ortho	Chrome	Mouthguard	S. Tray	Other		
Dental Surgeon's Name & Address			Custom made device for the exclusive use of patient named below			Case No.			
DATES			INSTRUCTIONS						
DATE			NHS	INDEPENDENT	PRIVATE				
C.J.R. Record			Shade		Mould				
Try In			Chartage  When ordering all ceramic restorations, please provide stump shade as well as crown shade						
Re Try									
Finish									
Further Information									
Review of Requirements Approved for Manufacture by:			LABORATORY USE ONLY			Final Inspection Approved for Release by:			
1	2	3	4	5	6	7	8	9	10
This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive (93/42/LLC) and the United Kingdom Devices Regulations SI 1994 No: 3017. ANY RELEVANT ESSENTIAL REQUIREMENTS NOT MET ARE LISTED OVERLEAF									
THIS DEVICE IS NON STERILE - KEEP AWAY FROM EXTREMITIES OF HEAT AND COLD									
For Office Use Only					Total Cost of Appliance / s £				