

Job No. T.....

Surgery / Clinician name:

Patient Name/Ref:

M/F:

Age:

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

FILL IN BY DENTIST:

Enclosed for case:

☐

Imps

☐

Bites

☐

2nd Imps

☐

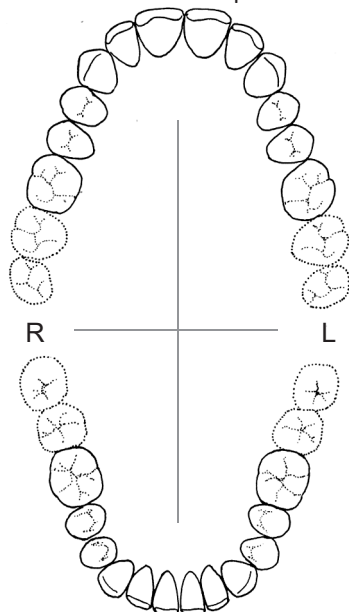
Try -in

☐

Photos

☐

Scans

Please draw design
or circle teeth required :


Stage:	Patient booked in:
Models	
Custom trays	
Bite blocks	
Try-in	
Re-try	
Finish	

Case Notes:

Shade:

Tooth Type

- ☐ Vita (included)
☐ Enigmallife+ (extra charge)
☐ Other (extra charge)

Additional elements

- ☐ Ivolean tray
☐ Hard base try
☐ Resin frame try
☐ Tooth staining
☐ Gum staining
☐ Alma gauge:
 V..... H.....

Fill in by Laboratory : Parts/ Teeth Used

Stages:	Lab received:	Date sent out:	Technician :	Stage checks:
Models				
Custom trays				
Bite blocks				
Try-in				
Re-try				
Finish				

Approved for manufacture by:

Sign:

Approved for release:

Sign:

This device has been manufactured to satisfy the design characteristics and properties specified by the prescriber. This device conforms to the relevant essential requirements specified in annex 1 of the Medical Devices Directive and the United Kingdom Devices Regulation.

Use, handling and storage: it is recommended to store this appliance in a safe and clean environment, preventing it from coming into contact with equipment, materials containing bleaches that may cause chemical or physical damage to the appliance. This appliance should not be exposed to extremes of temperature.