

Job No. T.....

Surgery / Clinician name:

Patient Name/Ref:

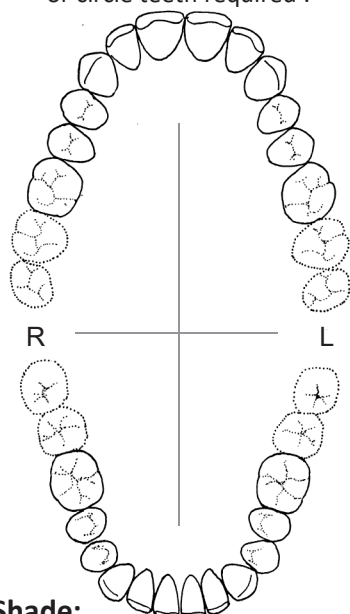
M/F:

Age:

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

FILL IN BY DENTIST:

Enclosed for case: ☐ Imps ☐ Scans ☐ Photos ☐ Bite ☐ Previous crown/bridge

Please draw design
or circle teeth required :

Restoration Type

- ☐ Veneer
☐ Crown
☐ Onlay/Inlay
☐ Bridge
☐ Screw retained implants

Parts used:

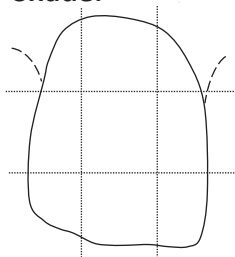
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Restoration Material

- ☐ Zirconia—Vitality
☐ ZirkonZahn Prettau
☐ Emax
☐ Bonded Non-Precious
☐ Bonded Precious
☐ Gold Full Contour
☐ Non-Precious Full Contour
☐ Composite
☐ PMMA (Temp)

Case Notes:

Shade:



Stage:	Patient Booked In:
Study Models	
Wax up	
Finish	

Fill in by Laboratory : Parts/ Teeth Used

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Stages:	Lab received:	Date sent out:	Technician :	Stage checks:
Models				
Wax up				
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.