

Dental Ceramic Design Ltd Dental Laboratory
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Please complete the appropriate sections of this prescription as accurately as possible to avoid delays and return to the address opposite or call for collection.

CASE INSTRUCTIONS AND AMENDMENTS RECORD

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Prescribing Dentist & Practice:

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Custom made device for the exclusive use of

Patient's Name/ID:

NHS **Private** **Independent**

Date Sent: _____ **Date Required:** _____

Shade: _____ **MALE** **FEMALE** **DOB:** _____

ZIRCONIA CROWN FULL METAL CROWN

ZIRCONIA BRIDGE WHITE/GOLD INLAY

BONDED CROWN WHITE/GOLD ONLY

BONDED BRIDGE POST & CORE

MARYLAND BRIDGE COMPOSITE INLAY

CANTILEVER BRIDGE COMPOSITE ONLY

E-MAX CROWN ESSIX RETAINER

E-MAX INLAY BLEACHING TRAYS

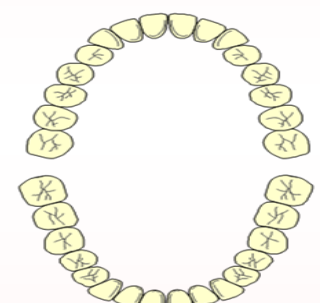
E-MAX ONLAY MOUTHGUARD

IMPLANT CROWN DIAGNOSTIC WAX-UP

IMPLANT BRIDGE IMPLANT ABUTMENT

Disinfected: Yes / No **Fee:** £ _____

Disinfected by: _____



FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL

Technician Ref: _____

Approved for manufacture by: _____ **Approved for release by:** _____

Sign: _____ **Sign:** _____

Details of materials etc supplied by prescriber: _____ **Details of any model approval by prescriber:** _____

Initials: _____ **Initials:** _____

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured 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 this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations. To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.