

Dental Ceramic Design Ltd Dental Laboratory
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www.dentalceramicdesignlab.com

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

Prescribing Dentist & Practice:

Custom made device for the exclusive use of

Patient's Name/ID:

NHS **Private** **Independent**

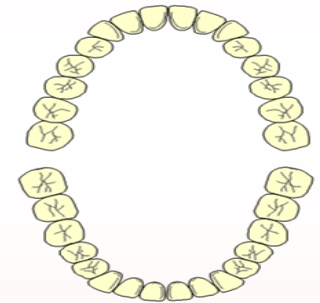
Shade: **MALE** **FEMALE** **DOB:**

PART	FULL	CHROME
PART	FULL	CHROME

Prosthetics	Date Sent	Date Required
Special Tray		
Bite		
Try In		
Retry		
Finish		

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.