

16 George Street  
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### Lab Use:

Job No:

Date Received:

U Imps:

L Imps:

Bite Reg:

Models:

Components:

Screws:

1

2

3

4

5

Final check and sign off

Medical Devices Directive-  
1. This 'Custom Made' device is for the exclusive use of the patient named above and conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/142/EC). 2. The reason for any relevant essential requirement not having been met is described above. 3. All goods are supplied in a non-sterile condition unless otherwise stated and should not be subjected to extreme heat or cold.  
GDC Reg: 139633  
MDA Reg: CA012630

Surgery:

Dentist:

Patient:

Date:

Return Date:

Independent:

Private:

Please allow 10 work days in the laboratory. Express fees may apply

Express Service:

Age:


Male:

Female:

Notation:

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Shade:



Description: