

PRESCRIPTION FORM FOR CUSTOMER MADE MEDICAL DEVICE

PREScriBERS NAME & CLINIC ADDRESS:

DEVONSHIRE HOUSE
DENTAL LABORATORY
51 SPENCER STREET
CARLISLE CA1 1BB
TEL: (01228) 529128



FOR THE EXCLUSIVE USE OF PATIENTS NAME / ID



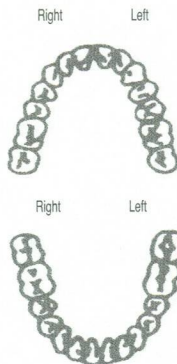
REGISTERED MEMBER

DESCRIPTION OF DEVICE

TOOTH MOULD

DATE CASE No.

DELIVERY DATE	MHRA	CA. NO. 5216
Please Tick Type of Appliance		
BITE	ACRYLIC DENTURES	S/TRAY(s)
TRY	CHROME	IMPLANT
RE TRY	CROWN & BRIDGE	SPORTSGUARD
FINISH	ORTHODONTICS	VALPLAST



↓ FOR LABORATORY USE ONLY ↓

TEETH

TOTAL COST OF APPLIANCE(S)

£

STANDARD	INDEPENDENT	DELUX
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1.	2.	3.	4.	5.	Final Inspection approved for release by:
6.	7.	8.	9.	10.	

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. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use. Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU / UK

PREScriBER FEEDBACK:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.