

Dental Appliance Prescription

Surgeon's Name

Surgeon's Address

Contact Number

Patient's Name

Male ☐ Female ☐ Age:

Notation

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Stains and Characteristics



Shade

Instructions

Return Date

Fit Date & Time

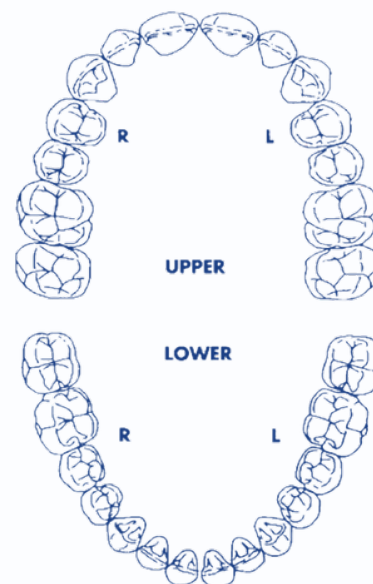
Implant Options

Please State System

Implant Type

Screw Retained

Cement Retained



This section is to be completed by lab personnel only

Lab Reference

Invoice Number

Approved for Manufacture

By Date / /

Approved for Manufacture

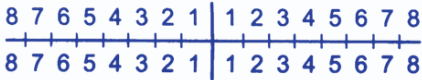
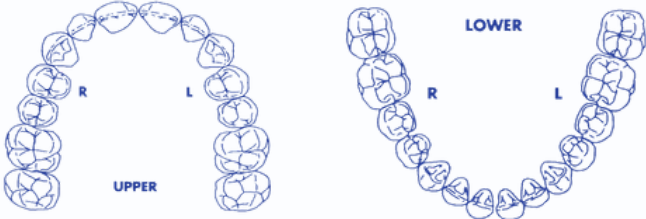
By Date / /

Prescription Form

This is a custom made device for the exclusive use of the patient named above. This device conforms to the relevant essential requirements set out in Annex 1 of The Medical Device Directive of (93/42/ECC)

Prosthetics & Chrome Prescription

Disinfected ☐ Job No.

Surgeon & Address		Special Trays ☐	Delivery Date Please date day before appointment	Lab use 																						
A custom made device for the exclusive use of: Patient Name/No:		Bite ☐	Delivery Date Please date day before appointment	Lab use 																						
Shade		Try-In	Shade Mould 	Delivery Date Please date day before appointment	Lab use 																					
<table border="0"> <tr> <td>Case Type</td> <td>U/- /L</td> <td></td> <td>U/- /L</td> </tr> <tr> <td>Acrylic Denture</td> <td>☐ ☐</td> <td>Night Guard</td> <td>☐ ☐</td> </tr> <tr> <td>Chrome & Acrylic</td> <td>☐ ☐</td> <td>Whitening Tray</td> <td>☐ ☐</td> </tr> <tr> <td>Flexible Denture</td> <td>☐ ☐</td> <td>Other</td> <td>☐ ☐</td> </tr> <tr> <td>Sports Guard</td> <td>☐ ☐</td> <td></td> <td></td> </tr> </table>  Teeth to be extracted at finish  		Case Type	U/- /L		U/- /L	Acrylic Denture	☐ ☐	Night Guard	☐ ☐	Chrome & Acrylic	☐ ☐	Whitening Tray	☐ ☐	Flexible Denture	☐ ☐	Other	☐ ☐	Sports Guard	☐ ☐			Re-Try			Delivery Date Please date day before appointment	Lab use
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Sports Guard	☐ ☐																									
Laboratory use only ☐ Imps sent ☐ Bites sent ☐ Models sent ☐ Bite reg. sent ☐ Other		Finish			Delivery Date Please date day before appointment	Lab use 																				
Contract When signed for release, this device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42) EEC). If there are any essential requirements not met these will be stated. This statement does not apply to repairs etc. of a pre-manufactured appliance. The laboratory will manufacture the appliance as per the prescription, it is the prescribers responsibility to ensure that the prescription is completed correctly and complies to dental regulations. Approved for manufacture by: _____ Released by: _____		THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED WITHIN THE UK																								