TOP-NOTCH
DENTAL LABORATORY

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Milton Keynes, Eaglestone, 16 Merlin Walk, MK6 5 EP

GDC Registred
MHRA
36688

# 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

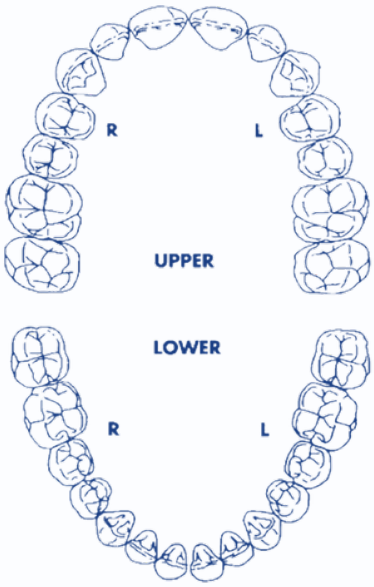
### Implant Options

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 Release
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)

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# Prosthetics & Chrome Prescription

Disinfected ☐ Job No.

Surgeon & Address

A custom made device for the exclusive use of:
Patient Name/No:

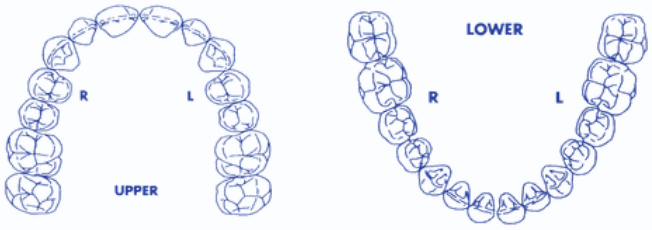
Shade

## Case Type

| | U/- | /L | | U/- | /L |
|---|---|---|---|---|---|
| Acrylic Denture | ☐ | ☐ | Night Guard | ☐ | ☐ |
| Chrome & Acrylic | ☐ | ☐ | Whitening Tray | ☐ | ☐ |
| Flexible Denture | ☐ | ☐ | Other | ☐ | ☐ |
| Sports Guard | ☐ | ☐ | | | |

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

Teeth to be extracted at finish




## Laboratory use only

☐ Imps sent ☐ Bites sent ☐ Models sent ☐ Bite reg. sent ☐ Other

## 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 responsiblity to ensure that the prescription is completed correctly and complies to dental regulations.

Approved for manufacture by: Released by:

## Special Trays ☐

Delivery Date
Please date day before appointment

Lab use

## Bite ☐

Delivery Date
Please date day before appointment

Lab use

## Try-In

Shade Mould

Delivery Date
Please date day before appointment

Lab use

## Re-Try

Delivery Date
Please date day before appointment

Lab use

## Finish

Delivery Date
Please date day before appointment

Lab use

THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED WITHIN THE UK