

JOB NO.

PATIENT NAME:	DENTAL SURGEON & PRACTICE
PATIENT NO: D.O.B:	
TICKET DATE:	
DELIVERY DATE:	GDC REF. NO:

(Name of surgeon, name and address of practice, practice no.)

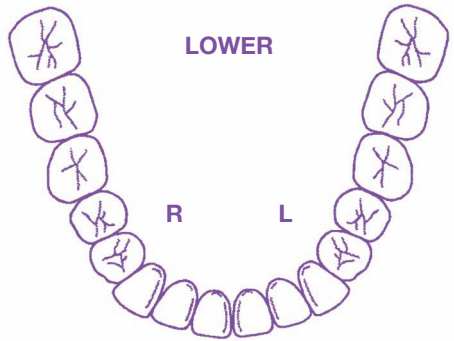
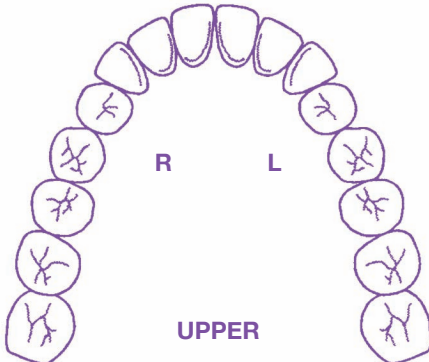
Appliance to \_\_\_\_\_  
(Please complete CLEARLY)

### EXTRACTIONS

Adams' Clasps _____	Stops _____	Labial Bow _____
Bite Plane _____	Springs _____	

Instructions \_\_\_\_\_

APPROVED FOR MANUFACTURE



This is a custom made device intended for the exclusive use by this patient. This device conforms to the relevant essential requirements as set out in annex 1 of the Medical Devices Directive. Please keep away from extremes of heat and cold. This complete appliance has been wholly manufactured in the EU.

STUDY MODELS

ESSENTIAL REQUIREMENTS NOT MET

FINAL INSPECTION SIGNATURE