

<b>DENTIST NAME</b> _____ <b>ADDRESS</b> _____ _____ <b>POSTCODE</b> _____ <b>PHONE</b> _____ <b>EMAIL</b> _____		<b>JOB NO.</b> Lab use only																																									
<b>PATIENT NAME</b> _____ <input type="checkbox"/> MALE <b>AGE</b> _____ <input type="checkbox"/> FEMALE		<b>STANDARD REQUIRED</b> <input checked="" type="checkbox"/> Please tick <input type="checkbox"/> PREMIER PLUS <input type="checkbox"/> PREMIER <input type="checkbox"/> INDEPENDENT																																									
<b>TOOTH SELECTION</b> <input type="checkbox"/> ENIGMA <input type="checkbox"/> IVOCLAR <input type="checkbox"/> OTHER PLEASE STATE _____		<b>SERVICE REQUIRED</b> <input type="checkbox"/> NORMAL - 5 WORKING DAYS IN THE LAB <input type="checkbox"/> EXPRESS - 3 WORKING DAYS IN THE LAB +15% <input type="checkbox"/> SPRINT - 2 WORKING DAYS IN THE LAB +25% <small>Please allow 10 days @ bite/try-in for CO / CR and 7 days @ finish for Valplast</small>																																									
<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> HIGH IMPACT ACRYLIC <input type="checkbox"/> CO / CR <input type="checkbox"/> VALPLAST		<b>MOULD</b> _____ <b>SHADE</b> _____																																									
<b>NOTATION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 2px;">18 17 16 15 14 13 12 11</td> <td style="padding: 2px;">21 22 23 24 25 26 27 28</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;">48 47 46 45 44 43 42 41</td> <td style="padding: 2px;">31 32 33 34 35 36 37 38</td> </tr> </table>		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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">DATE</th> <th style="width: 10%;">TECHNICIAN</th> </tr> </thead> <tbody> <tr><td>UPPER SPECIAL TRAY</td><td></td><td></td></tr> <tr><td>LOWER SPECIAL TRAY</td><td></td><td></td></tr> <tr><td>BITE</td><td></td><td></td></tr> <tr><td>TRY IN</td><td></td><td></td></tr> <tr><td>RE-TRY</td><td></td><td></td></tr> <tr><td>FINISH</td><td></td><td></td></tr> <tr><td>CO / CR</td><td></td><td></td></tr> <tr><td>RELIN (HARD)</td><td></td><td></td></tr> <tr><td>RELIN (SOFT)</td><td></td><td></td></tr> <tr><td>ADDITION</td><td></td><td></td></tr> <tr><td>REPAIR</td><td></td><td></td></tr> </tbody> </table>			DATE	TECHNICIAN	UPPER SPECIAL TRAY			LOWER SPECIAL TRAY			BITE			TRY IN			RE-TRY			FINISH			CO / CR			RELIN (HARD)			RELIN (SOFT)			ADDITION			REPAIR		
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ESSENTIAL REQUIREMENTS NOT MET		THIS IS A CUSTOM MADE DEVICE INTENDED FOR THE USE BY THIS PATIENT. THIS DEVICE CONFORMS TO RELEVANT ESSENTIAL REQUIREMENTS 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.																																									
FOR SURGERY USE <b>DISINFECTED</b>																																											