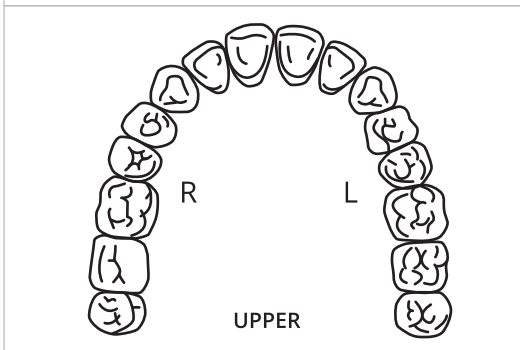




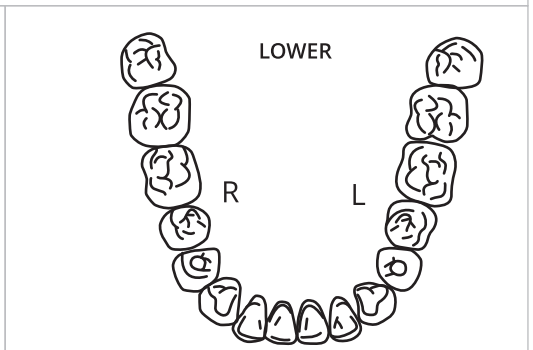
PATIENT NAME		JOB NO. <small>Lab use only</small>
DATE REQUIRED	NHS	DENTAL SURGEON & PRACTICE DETAILS
APPOINTMENT TIME	PRV.	

SERVICE REQUIRED

<input type="checkbox"/> EXPRESS - 3 WORKING DAYS IN LAB + 25%	<input type="checkbox"/> NORMAL - 5 WORKING DAYS IN LAB	<input type="checkbox"/> SWIFT - 4 WORKING DAYS IN LAB + 15%
<input type="checkbox"/> SPRINT - 2 WORKING DAYS IN LAB + 50%	<input type="checkbox"/> SUPER SPRINT - 1 WORKING DAY IN LAB + 100%	



INSTRUCTIONS:



INSTRUCTIONS:

ESSENTIAL REQUIREMENTS NOT MET

STUDY MODELS

APPROVED FOR MANUFACTURE

FOR SURGERY USE DISINFECTED

FINAL INSPECTION SIGNATURE

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.

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