


PROSTHETICS

SWALLOW HOUSE, 349 TONG RD
 LEEDS LS12 4QQ
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 ENQUIRIES@HQDENTAL.CO.UK


 JOB NO.

SERVICE REQUIRED: NORMAL - 5 WORKING DAYS IN THE LAB SWIFT(+ 15%) - 4 WORKING DAYS IN THE LAB EXPRESS(+ 25%) - 3 WORKING DAYS IN THE LAB SPRINT(+ 50%) - 2 WORKING DAYS IN THE LAB SUPER SPRINT (+ 100%) - 1 WORKING DAYS IN THE LAB		SHADE	DENTAL SURGEON & PRACTICE (Name of surgeon, name and address of practice, practice no.) GDC REF. NO.:																																
DENTURE STANDARD REQUIRED: PREMIER PLUS PREMIER INDEPENDENT OTHER (NHS)		PATIENT: PATIENT NO.: D.O.B.:	GENDER																																
	DATE	TECHNICIAN	AGE																																
UPPER SPECIAL TRAY LOWER SPECIAL TRAY BITE CO/CR TRY IN RE-TRY FINISH REPAIR ADDITION RELINE (HARD) RELINE (SOFT)			NOTATION <table border="1"> <tr> <td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td> <td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td>48</td><td>47</td><td>46</td><td>45</td><td>44</td><td>43</td><td>42</td><td>41</td> <td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>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
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48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																				
FURTHER INSTRUCTIONS:																																			
APPROVED FOR MANUFACTURE <input type="text"/>			TICKET DATE: <input type="text"/>																																
OVERALL FINISH DATE: <input type="text"/>																																			
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.																																			
ESSENTIAL REQUIREMENTS NOT MET																																			
FOR SURGERY USE	DISINFECTED	FINAL INSPECTION	SIGNATURE																																