



This is a custom made device for the use of

Mr ☐ Mrs ☐ Ms ☐

**Patient's name**

**Return date**

**Detailed instructions** (please refer to price list)

**Surgeon's name & address**

**Charting**

**Pontic design**

☐ Modified



☐ Bullet



☐ Ridge lap



☐ Hygienic



**Shade**



**Occlusal stain**

☐ None

☐ Light

☐ Medium

☐ Dark

**Glaze**

☐ Low

☐ Medium

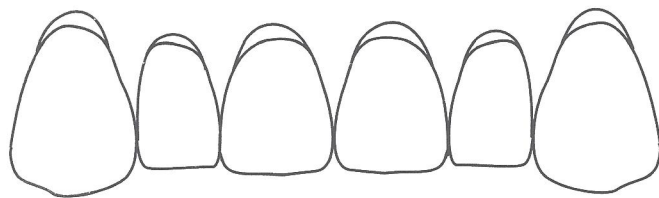
☐ High

**Texture**

☐ Smooth

☐ Medium

☐ Coarse



**For Lab use only**  
(Sign & date)

Stage	Technician
Model	
Metal	
Ceramic	

**Contract received and order accepted subject to sight of positive model**

Your attention is drawn to the following statement: 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 applicable general safety and performance requirements specified in the EU & UK Medical Devices Regulations.

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.

**Final Inspection**