

Precedental

LABORATORY

prosthetics

MDD Reg No. CA000992

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Surgeons Name _____

Surgeons Address _____

This is a custom made device for the exclusive use of
Patient Name _____
Male Female Age _____

STAGE	DATE
Special / Tray	/ /
Bite Block	/ /
Try In	/ /
Re-try	/ /
Finish	/ /

Restoration Required

PRIVATE

INDEPENDENT

Shade

FOR LAB USE ONLY	APPROVED FOR MANUFACTURE	Signature _____
JOB No.	SQUASH BITE	<input type="checkbox"/>
DATE	UPPER IMP RUB	<input type="checkbox"/> ALG <input type="checkbox"/>
RECEIVED	LOWER IMP ALG	<input type="checkbox"/> RUB <input type="checkbox"/>
MATERIAL/PRODUCT SUPPLIED BY CLIENT <input type="checkbox"/>		

KEEP AWAY FROM EXTREMES OF HEAT AND COLD
STATEMENT

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex I of the medical Devices Directive and the United Kingdom Medical Devices Regulations.