



standard (NHS)

MDD Reg No. CA000992

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Surgeons Name

Surgeons Address

Restoration Required

Amendments to Prescription

This is a custom made device for the exclusive use of
Patient Name

Male Female Age

Delivery Date & Time

Delivery 7 - 10 working days upon receipt at the laboratory

Alloys to be used

Bonded		Cast Alloys			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Precious	Precious	Non Precious	White 40%	Yellow 40%	Yellow 60%

Shade

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

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 1 of the medical Devices Directive and the United Kingdom Medical Devices Regulations.