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## Prosthetics

## Lab Slip

Surgeon Name

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

NHS

Shade

**For Lab Use Only**

Job No. \_\_\_\_\_

Date Rec. / /

Approved For Manufacture \_\_\_\_\_ Signature \_\_\_\_\_

SQUASH BITE \_\_\_\_\_

UPPER IMP RUB ALG

LOWER IMP ALG RUB

MATERIAL/ PRODUCT SUPPLIED BY CLIENT



KEEP AWAY FROM  
 EXTREMES OF  
 HEAT AND COLD

**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.

