



A-PLUS DENTAL LABORATORY

GEORGE BUCKMAN DRIVE, DUNDEE DD2 3SP

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PROSTHETICS...ID :-

**PATIENT - CUSTOM MADE DEVICE
FOR THE EXCLUSIVE USE OF**

PRESCRIBER - STAMP BOTH SHEETS

NAME: _____

NHS

INDEPEND

PRIVATE

PLEASE FILL OR TICK ALL RELEVANT INFORMATION THANK YOU

<u>TYPE OF APPLIANCE</u>	<u>SHADE & MOULD</u>	<u>CHARTING</u>																																
		<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																			

SPECIAL TRAY	APPOINTMENT	<u>FOR LAB USE</u>	<u>INSTRUCTIONS</u>
UPPER	/ /		
LOWER	AM PM		
BITE BLOCK	APPOINTMENT		
UPPER	/ /		
LOWER	AM PM		
SHELLAC BASE	APPOINTMENT		
UPPER	/ /		
LOWER	AM PM		
TRY-IN	APPOINTMENT		
QC	/ /		
	AM PM		
RE-TRY	APPOINTMENT		
QC	/ /		
	AM PM		
RE-TRY	APPOINTMENT		
QC	/ /		
	AM PM		
FINISH	APPOINTMENT		
QC	/ /		
	AM PM		

TICK BOX IF: PATIENT STATEMENT REQUEST

SURGERY DISINFECTED LAB DISINFECTED

MC	MT	BB	ST	SU	WU	RSU	RWU	CU	TU	PO	CE
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IF BOX 12 IS INITIALED THEN YOUR ATTENTION IS DRAWN TO THE MEDICAL DEVICES STATEMENT BELOW

APPROVED FOR MANUFACTURE by:	APPROVED FOR RELEASE by:	Records of changes to original prescription
Signature: _____	Signature: _____	
Date: _____	Date: _____	

MEDICAL DEVICES STATEMENT

The attached dental appliance is a "CUSTOM MADE DEVICE" A-Plus dental laboratory has manufactured this dental appliance to satisfy the attributes, characteristics, properties and features, specified on the prescription - by the prescriber - for the patient named on the lab sheet above. This dental appliance is intended for the exclusive use by this patient and conforms to the relevant essential requirements set out in annex 1 of the Council Directive Concerning Medical Devices, enacted within the United Kingdom by the Medical Devices regulations.



CA001643