



Home of



Platinum Approved
by Straumann



A-PLUS DENTAL LABORATORY

GEORGE BUCKMAN DRIVE, DUNDEE DD2 3SP

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EMAIL: info@apluslab.co.uk

C & B...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

LAB USE ONLY

APPT.DATE

SHADE

CHARTING

/ /

AM/PM

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

PLEASE PRINT CLEARLY BELOW TYPE OF RESTORATION REQUIRED

SCAN

TICK BOX IF: PATIENT STATEMENT REQUEST SURGERY DISINFECTED LAB DISINFECTED

MC	MT	PD	WUP	TUP	WUC	TUC	WUS	TUS	PA/I	OP	BUC	FOC	COM	LV	EMP	CE
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IF BOX 17 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.

