



A-PLUS DENTAL LABORATORY

GEORGE BUCKMAN DRIVE, DUNDEE DD2 3SP
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 EMAIL: info@apluslab.co.uk



CH / CO...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

TYPE OF APPLIANCE		SHADE / MOULD	DESIGN
SPECIAL TRAY	APPOINTMENT	<u>LAB CODES / PRICE</u>	
UPPER	/ /	£	
LOWER	AM PM		
BITE BLOCK	APPOINTMENT	£	
UPPER	/ /		
LOWER	AM PM		
CHROME TRY ONLY	APPOINTMENT	£	
QC	AM PM		
TRY-IN	APPOINTMENT	£	
QC	AM PM		
RE-TRY	APPOINTMENT	£	
QC	AM PM		
FINISH	APPOINTMENT	TOTAL £	
QC	AM PM		

INSTRUCTIONS

MIRROR

STIPPLE

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 14 IS INITIALLED 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.

