

Crown & Bridge

Dentist:

Practice Name:

Patient Name:

Patient Ref No:

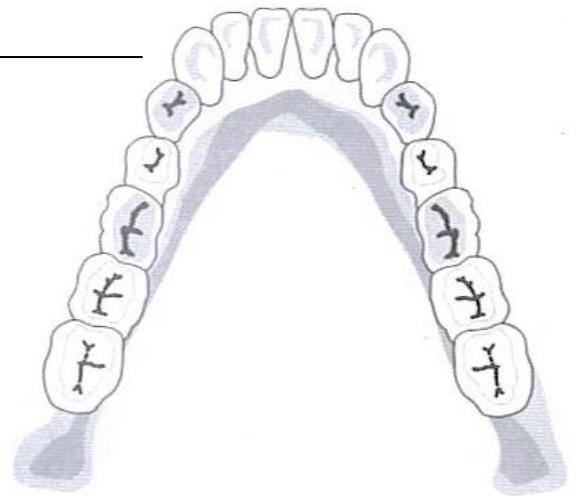
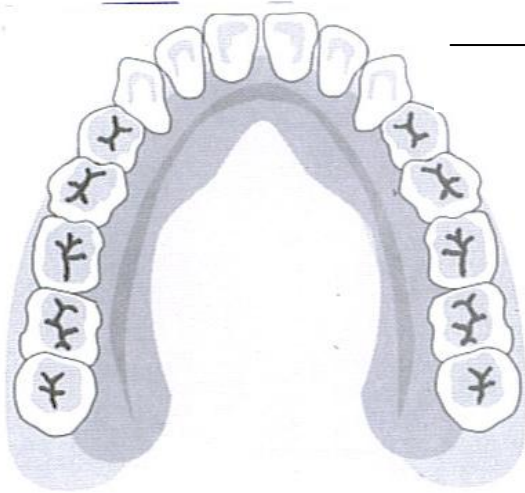
DOB:

Approved for manufacture:

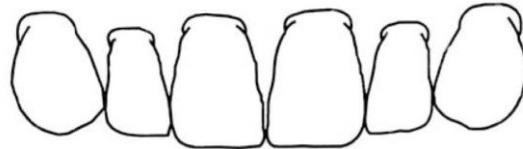
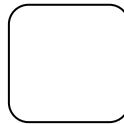
UPPER

CHARTING

LOWER



SHADE



CASE INSTRUCTIONS:

DATE REQUIRED:

Approved for Release:

This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annexe 1 of the Medical Devices Directive (93/42/EEC)

ANY RELEVANT ESSENTIAL REQUIREMENTS NOT MET ARE LISTED OVERLEAF.

KEEP AWAY FROM THE EXTREMITIES OF HEAT AND COLD.