

IT IS VERY IMPORTANT THAT CLIENTS FILL IN ALL SHADED AREAS IN THE SECTION BELOW.

SURGEON AND ADDRESS

[Shaded area for Surgeon and Address]

TELEPHONE NUMBER

[Shaded area for Telephone Number]

[Shaded area]

PATIENT NAME

[Shaded area for Patient Name]

CASE INSTRUCTIONS

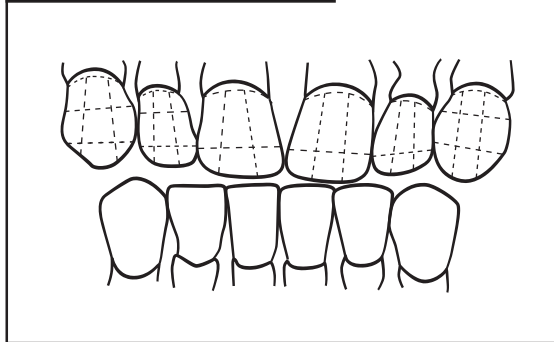
[Large shaded area for Case Instructions]

Teeth to be
Extracted _____

Lab No. _____

Date Required. _____

SPECIAL MARKINGS



SHADE

Female

Male

Age

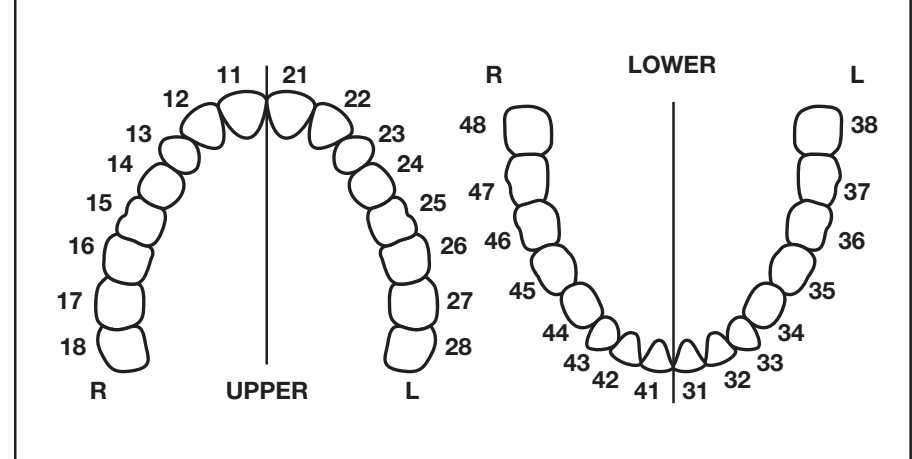
CLASSIFICATION

Standard

Private

Signature

Please illustrate your design below



TRAY	U	
DELIVERY DATE	L	
BITE		
DELIVERY DATE		
TRY-IN	Mould	Shade
DELIVERY DATE		
RE-TRY		
DELIVERY DATE		
FINISH		
DELIVERY DATE		

Keep away from extremes of heat and cold. Supplied in an un-sterilised state.
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 annex 1 of the Medical Devices Directive (93/42/EEC) and the United Kingdom Medical Devices Regulations SI 1994.