INTELLIDENT lab

8 VICTORIA COURT, BANK SQUARE, MORLEY, LEEDS, LS27 9SE
TEL: 07471447391

CUSTOM-MADE DENTAL APPLIANCE PRESCRIPTION

Please complete the appropriate sections of this prescription and return to the address opposite.

LAB REFERENCE

PRESCRIBING CLINICIAN

Name: _____

Address: _____

_____

PATIENT/ID

Name: _____

_____

Age

Sex

APPOINTMENTS

Date: _____

Time: _____ AM / PM

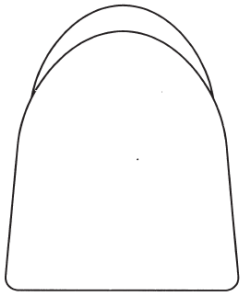
Date: _____

Time: _____ AM / PM

Date: _____

Time: _____ AM / PM

SHADE



OUTLINE OF DESIGN REQUIRED

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

PHOTO Y/N

DEVICE(S) REQUIRED

INSTRUCTIONS AND AMENDMENTS RECORD

FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

Approved for manufacture by:

Sign:

Approved for release by:

Sign:

Invoice Date:

Invoice Number:

Details of materials etc supplied by prescriber

Initials:

Details of any model approval by prescriber

Initials:

***Your attention is drawn to the following statement*:** This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex I of the Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

***Storing, handling and instructions for use*:** It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

PRESCRIBER FEEDBACK:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

MHRA No: 9645