

PROSTHETICS

53 Monument Business Park
 Warpsgrove Lane, Chalgrove
 Oxford OX44 7RW

Tel: 01865 400330 or 01865 400345

Email: enquiries@allportandvincent.co.uk



DENTAL LABORATORY LIMITED

www.allportandvincent.co.uk

CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF:

Patient 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 below named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex I of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Prescribing Dentist's name:	Patient's name:	
Address:	Age:	M/F:
	Face bow:	
	Shade:	
Telephone no:	Email sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Gold Silver

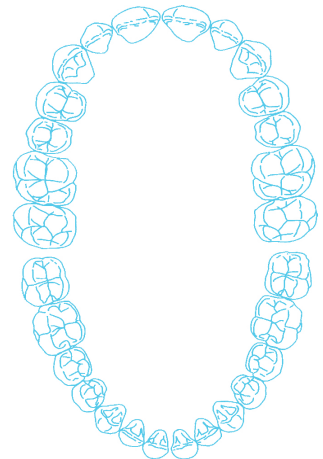
Impression disinfected: YES NO

PLEASE DO NOT PUT PRESCRIPTIONS IN DIRECT CONTACT WITH IMPRESSIONS

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

RETURN DATE	
Received in Lab	
Box No.	
Sp-trays U/L	
Bite	
Try-in	
Metal try-in	
Re-try	
Finish	

FULL INSTRUCTIONS



Model:	<input type="checkbox"/>	Bite & tray:	<input type="checkbox"/>	Setup:	<input type="checkbox"/>	Alloy:	<input type="checkbox"/>	Finish:	<input type="checkbox"/>	B/trays/retainers:	<input type="checkbox"/>
BiteSoft®:	<input type="checkbox"/>	QuietNite®:	<input type="checkbox"/>	Night guard:	<input type="checkbox"/>	QA:	<input type="checkbox"/>				

This Device conforms to the essential requirements as set out within Annex 1 of the Medical Device Directive (93/42/Eec).

CROWN & BRIDGE

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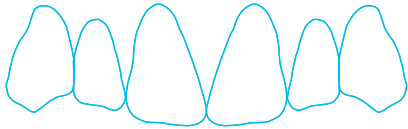
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Prescribing Dentist's name:	Patient's name:	
Address:	Age:	M/F:
	Email sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Telephone no:	Are impressions disinfected? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Please do not put prescriptions in direct contact with impressions.	
	Shade:	
	Return Date:	



Fit Date & Time:	
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

ENCLOSED	QTY		
L Alg			
U Alg			
L Rub			
U Rub			
Bite			
F/Bow			
Model			
Photos/ CD			
Other			
		Received in Lab:	Box No:

Model: Alloy: Alloy (gms): Opaque: Porcelain: Q/A:

This Device conforms to the essential requirements as set out within Annex 1 of the Medical Device Directive (93/42/Eec).