

Prescriber Name and Practice Address



Dental Laboratories Association
Registered Member

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Job Number

Items Received:

Patient Name

Case Instructions:

Age:

Sex:

Stage:

Completed by:

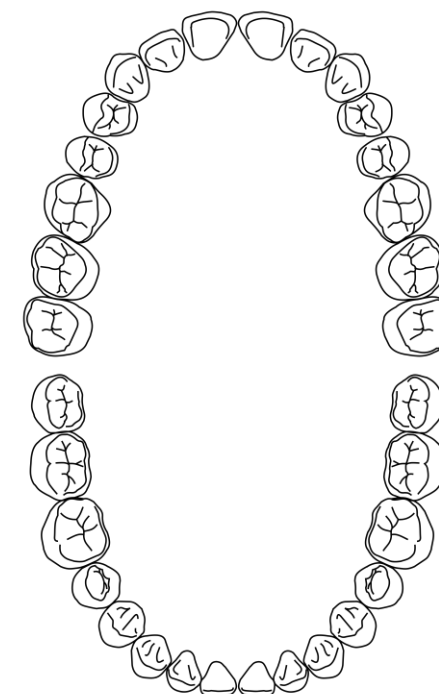
Bite/Tray

Try

Re-try

Finish

Notation



Approved for Manufacture by:

Statement

This device conforms to the relevant essential requirements set out in Annex I of the Medical Devices Directive (93/42/EEC).
Those relevant essential requirements not met, and reasons why are listed overleaf.

**KEEP AWAY FROM HEAT AND COLD
CUSTOM MADE DEVICE**

Approved for Release by:

**Manufactured by:
Imperial Dental Studio LTD
MHRA: CA0000009470**