

Prescribing Dentist's Name and Clinic Address:

Custom made for the exclusive use of (PATIENT'S NAME)

TYPE OF WORK Please Tick	CROWN & BRIDGE	PROSTHETICS
	ORTHODONTICS	CHROME

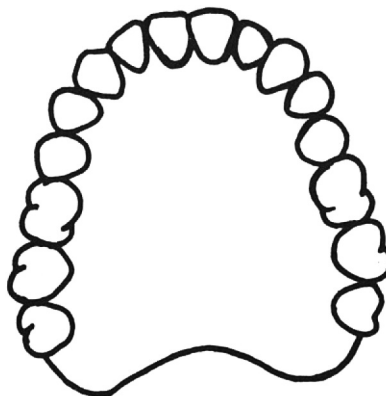
BITE: _____ SP TRAY: _____

TRY: _____ RETRY: _____

ADJUST: _____ FINISH: _____

SHADE: _____ MOULD: _____

PRIVATE		INDEPENDENT			NHS
1	2	3	4	5	6
7	8	9	10	11	12



For laboratory use only (check box each stage)

MHRA Reg. No. CA 005794



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

PLEASE KEEP AWAY FROM EXTREMES OF HEAT & COLD.

PRODUCTS CANNOT BE CONSIDERED STERILE.