

Prescribing Dentist

Address

Patient's Name

This device is for the exclusive use of the above named patient.

Device details

Private

Independent

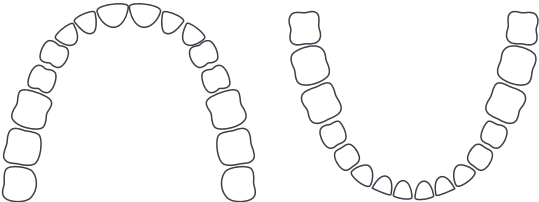
Shade

Mould

Notation

Teeth to be extracted

Design



Statement

When signed in this box by SCED Dental Laboratory this device(s) meets the relevant essential requirement of the Medical Devices Directive and this is the statement for that purpose.

Device type

Please tick

Acrylic Denture

Chrome Denture

Implant

Other

(Please write dates in ACRYLIC etc SECTION)

(Please write dates in CHROME SECTION)

(Please write dates in IMPLANT SECTION)

Acrylic etc section

(Also for Study Models, Mouth Guards Etc)

Stage of device	Return date	Patient appointment date & time	Date Rec' in lab •for SCED use
Trays			
Bite			
Try-In			
Retry			
Finish			

Chrome section

\*\* Framework Construction: Please allow the following WORKING DAYS IN THE LAB: 7 for private and 8 for independent Please enter the dates next to your framework (F/W) preference:

Stage of device	Return date	Patient appointment date & time	Date Rec' in lab •for SCED use
* F/W Only			
* F/W with Bite			
* F/W with try-In finish			
Finish			

Implant section

Please tick | Fixed | Bar and Overdenture | Overdenture

Stage of device	Return date	Patient appointment date & time	Date Rec' in lab •for SCED use
Trays			
Jig			
Trial			
Retry			
Finish			