



Tel/Fax: 023 8076 7888

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Dentist/Practice

Patient: Age

Date:

Required:

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Shade:	
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8		

Material	Job description	Description
N/P Alloy		Bonded crown
Precious		Full Crown
Gradia		Inlay
Zirconia		Onlay
E-Max		Post & Core
Wol-Ceram		Other

Lab Fee: £

Approved by:

Despatch date:

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 essential requirements set out in Annex 1 of the Medical Devices Directive 93/42/EC and the United Kingdom Medical Devices Regulations:

This dental appliance is supplied in an unsterilized state
 Registered with the General Dental Council # 119578
 Registered with the MHRA # CA 006163

Order #

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