Greens DENTAL LABORATORY

MHRA No: CA002891

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Dentist .....

Address .....

.....

.....

Tel: .....

## Custom Made Device

for the exclusive use of:

Patient.....

.....

Patient No: .....

Fit Date: .....

## Prescription Review

| Checks | Initial | Date |
|---|---|---|
| Approved for manufacture? Yes ☐ No ☐ | | |
| Finish Pass ☐ Fail ☐ | | |

**For official use only**

Ref .....

## Models Required

Study Models..... ☐ Digital Study Models ... ☐

Casts..... ☐ Digital Casts ..... ☐

We confirm (by signing this box) that the device(s) meet the relevant essential requirements (unless shown otherwise below) of the medical devices directive

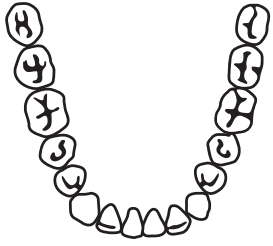
**Signed:**

.....

Keep away from extremes of heat and contact with potential surface contaminants. See below for any special instructions or precautions when signed in this box: ☐

## Device Required: .....

## Designs



| | | | |
|---|---|---|---|
| Cribs: | | Cribs: | |
| Springs: | | Springs: | |
| Labial Bow: | | Labial Bow: | |
| Southend: | | Southend: | |
| Screws: ..... | | Screws: ..... | |

## Special Instructions or Precautions

## Further Instructions

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 relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the UK Medical Devices Regulations.