



9A HIGH STREET, HUNSTANTON, PE36 5AB  
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## DENTAL APPLIANCE PRESCRIPTION AND DELIVERY NOTE

MHRA / MDD NO: CA012851

**TYPE OF APPLIANCE**    Prosthetic     C&B     Ortho     Metal     MG     B.Tray     Other

**CLIENT NAME**

**CODE NUMBER**

**PATIENTS NAME**

**DATES REQUIRED**

BITE \_\_\_\_\_

TRY-IN \_\_\_\_\_

RE-TRY \_\_\_\_\_

FINISH \_\_\_\_\_

**INSTRUCTIONS**

NOTATION \_\_\_\_\_

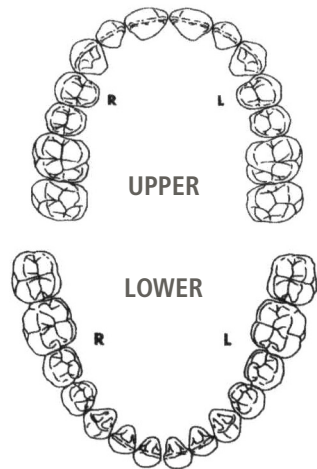
SHADE

SHADE

NHS

PRIVATE

**FURTHER INSTRUCTIONS**



Approved for manufacture by:

Approved for release by :

**Your attention is drawn to the following**

This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. This dental appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in the Medical Devices Directive and the United Kingdom Medical Devices Regulations St 1994 No 3017.

**Storing handling and instructions for use**

It is recommended that before use, this dental appliance is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalis or bleaches that could cause physical or chemical damage to the dental appliance. The dental appliance should not be subjected to extremes in temperature during storage. Where applicable you should take care not to damage the dental appliance when removing it from its mould. Where applicable, instructions on how to use or clean this dental appliance may be obtained from the prescriber.



THIS APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE