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# ODONTECH

DENTAL LAB TECHNOLOGIES

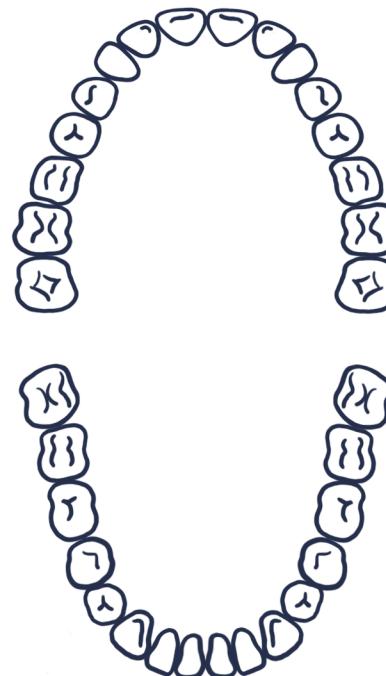
Private use  
NHS use



Dentist Name: \_\_\_\_\_ GDC No: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Date Req: \_\_\_\_\_  
Address: \_\_\_\_\_ Practice No: \_\_\_\_\_  
Custom made device for the exclusive use of: \_\_\_\_\_ Sex: \_\_\_\_\_  
Patient D.O.B: \_\_\_\_\_ Patient Ref No: \_\_\_\_\_

Imp. Disinfected  Bite Sent  Functional  Removable  Fixed  Study Models

## APPLIANCE REQUIREMENTS



Office Use	
Received and accepted by	
<hr/> Date _____ Signed _____	
Prescription alteration	
<hr/> <hr/> <hr/>	
Date _____ Signed _____	
	Made By
Imp. cast	
Wire work	
Acrylic / Pol	
Final check made Signed _____	

Patient statement: 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 applicable general safety and performance requirements specified in the UK & EU Medical Devices Regulations. To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

This complete appliance has been wholly manufactured within the UK & EU.



Registered with  
**General  
Dental  
Council**

