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Private use ☐

NHS use ☐

Dentist Name: _____ GDC No: _____ Date Sent: _____ Date Req: _____

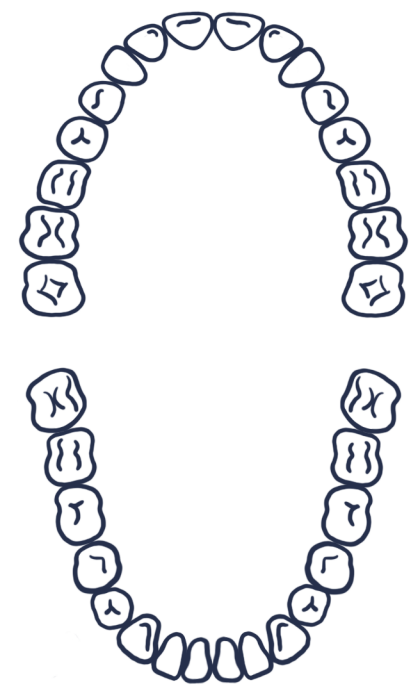
Address: _____ Practice No: _____

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 REQUIRMENTS



Office Use	
Received and accepted by _____	
Date _____	
Signed _____	
Prescription alteration	

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.

