

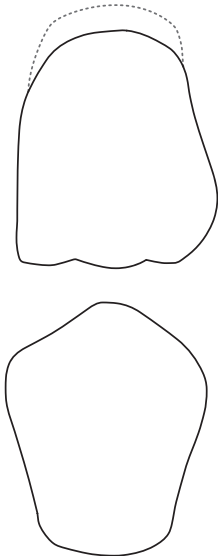
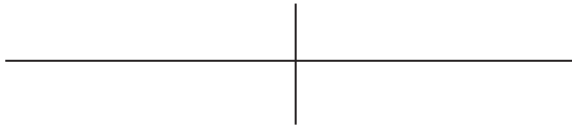
Precision dental ceramics

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Prescribing Dentist:		Practice Address:
This is a custom made device for the exclusive use of:	Sex: M F	
Patient Name:	Age /	

ULTIMATE

STANDARD+



Return Date:

(Fit Date/Time)

Shade

Impression Disinfected Yes No

Glaze: Matt / Medium / Gloss

Enamel: Whitish / Greyish Translucent / Bluish Translucent / Opalescent

Surface Texture: Smooth / Medium / Heavy

Fissure Stain: No / Yes / Slight

This device conforms to the relevant requirements as set out within Annex 1 of the MDD (93/42/EEC). Relevant essential requirements not met and reasons why are listed overleaf. The Registration no. of the manufacturer with the MDA is CA001355. All items supplied non-sterile. Keep away from extremes of heat and cold.

Unit	
Total	

Quality Control
(Lab use only)

JOB NO.	Date Received:	Amendments to Prescription	
APPROVED FOR MANUFACTURE	Made By	Checked By	Audit
Models			
Die Trim			
Wax Up			
Finished Metalwork			
Porcelain Coverage			
Finish			

Final Inspection:	Date:
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Other information:
