

Job No.: _____ Invoice No.: _____

Dentist name: _____

Practice name and address: _____

Please Note: Working days **excludes** Saturdays, Sundays, holidays and days in transit

Please ensure the return date is **at least one day before** the patient's appointment

Return Date: _____

Appointment Date: _____

Appointment Time: _____

Patient Name: _____

Enclosures:	Rubber U / L	Alginate U / L	Bite	Study cast(s)	Facebow
Quantity:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Materials Choice:	Non-Precious alloy	Precious alloy	All ceramic
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Images:	Shade at Lab	Emailed	Dropbox	Enclosed
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YOUR ATTENTION IS DRAWN TO THIS STATEMENT:
 This is a custom made 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.



Amendments to Prescription – Laboratory Use Only

DAMAS and Quality Control Record – Laboratory Use Only									
1	2	3	4	5	6	7	8	9	10
	Accept for Manufacture							Final Check	

Notation:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Basic shade:

Stump shade:

Instructions:

PLEASE USE A NEW LAB TICKET FOR EACH STAGE