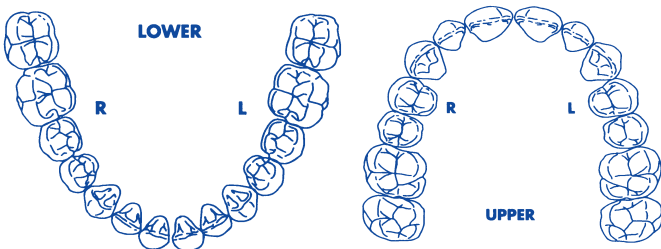


PROSTHETICS, CHROME & ORTHODONTIC PRESCRIPTION

Job No. _____



Disinfected

<p>Surgeon & Address</p> <hr/> <p>A custom made device for the exclusive use of: Patient</p> <p>Please tick service required: Private <input type="checkbox"/> NHS <input type="checkbox"/></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CASE TYPE</th> <th style="text-align: center;">U/-</th> <th style="text-align: center;">-/L</th> <th style="text-align: left;"></th> <th style="text-align: center;">U/-</th> <th style="text-align: center;">-/L</th> </tr> </thead> <tbody> <tr> <td>Acrylic Denture</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Orthodontic Appliance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chrome & Acrylic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Night Guard</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chrome Only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bleaching Tray</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Flexible</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Stent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;">  </div>	CASE TYPE	U/-	-/L		U/-	-/L	Acrylic Denture	<input type="checkbox"/>	<input type="checkbox"/>	Orthodontic Appliance	<input type="checkbox"/>	<input type="checkbox"/>	Chrome & Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	Night Guard	<input type="checkbox"/>	<input type="checkbox"/>	Chrome Only	<input type="checkbox"/>	<input type="checkbox"/>	Bleaching Tray	<input type="checkbox"/>	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	<input type="checkbox"/>	Stent	<input type="checkbox"/>	<input type="checkbox"/>	<p>SPECIAL TRAYS <input type="checkbox"/></p> <p>BITE <input type="checkbox"/></p> <p>CHROME BITE <input type="checkbox"/></p> <p>TRY-IN</p> <p>SHADE MOULD</p> <table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> </table> <p>RE-TRY</p> <p>FINISH</p>				
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<p>CONTRACT</p> <p>When signed for release, this device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42) EEC. If there are any essential requirements not met these will be stated. This statement does not apply to repairs etc. of a pre-manufactured appliance. The laboratory will manufacture the appliance as per the prescription, it is the prescribers responsibility to ensure that the prescription is completed correctly and complies to dental regulations.</p> <p>Approved for manufacture by: _____ Released by: _____</p>	<p>TEETH TO BE EXTRACTED AT FINISH</p> <table border="1" style="width:100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> </table> <p>Gum Characterisation <input type="checkbox"/></p> <p>Patients Name (ID Tag) <input type="checkbox"/></p> <p>Clear Palate <input type="checkbox"/></p> <p>Soft Lining <input type="checkbox"/></p>																																		
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