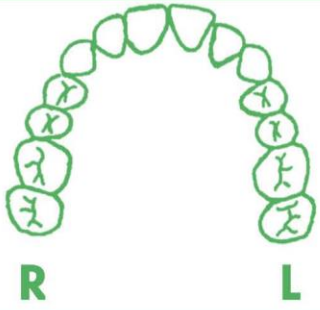
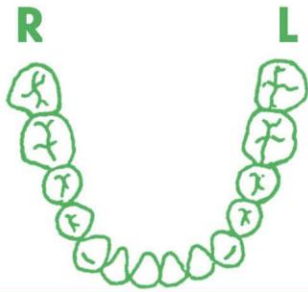

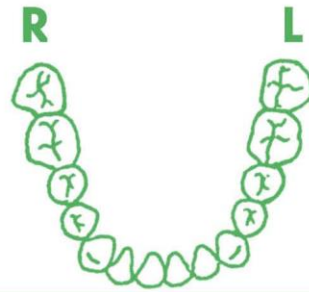


LAB USE	
Prod.Cd:	
Price:	

Patient	PLEASE TICK IF PRIVATE <input type="checkbox"/>	Clinician					
Patient No.	Date Required		am/pm				
							
Colour	A.B.P.	P.B.P.					
Cribs	Whitening Tray	<table border="1"> <tr> <td colspan="2">U Please Tick L</td> </tr> <tr> <td></td> <td></td> </tr> </table>		U Please Tick L			
U Please Tick L							
Springs	Pressure Formed Retainer						
Bow	Nightguard						
Screw	Mouthguard						
Other	Further Instructions						
Checked by	<i>Lab use only</i>						
Date	<i>Lab use only</i>						

This is a custom made device that has been manufactured to satisfy the attributed characteristics, properties and features specified by the prescriber for the above named patient. This device is intended for the exclusive use by this patient and conforms to the essential requirements set out in annex 1 or the directive 9342 EEC. This appliance is supplied in a non-sterile state.

LAB USE	
Prod.Cd:	
Price:	

Patient	PLEASE TICK IF PRIVATE <input type="checkbox"/>	Clinician					
Patient No.	Date Required		am/pm				
							
Colour	A.B.P.	P.B.P.					
Cribs	Whitening Tray	<table border="1"> <tr> <td colspan="2">U Please Tick L</td> </tr> <tr> <td></td> <td></td> </tr> </table>		U Please Tick L			
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