

precision@pfsdental

full service dental laboratories

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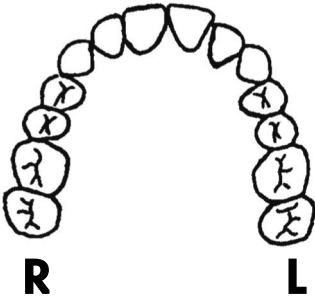
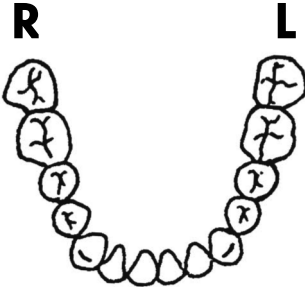
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JOB NO.

LAB USE	
Prod.Cd:	
Price:	

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