



CROWN & BRIDGE



232 High Street, Uckfield, East Sussex TN22 1RE
 Tel/Fax 01825 766667

JOB No. _____
 (Lab use only)

Dental Surgeon: _____

Practice: _____

Patient Reference: _____ **M/F**

Date Imps: _____ **Day Before Fit**
Taken _____ **Appointment:** _____

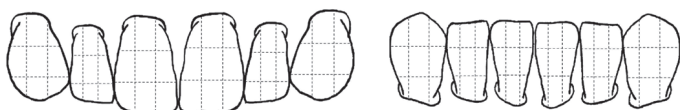
PRESCRIPTION DETAILS

To include notation, type of restoration, material required etc

N H S **ALLOY**

Independent **Non Precious** **Shade** _____

Private **Precious** _____



Labwork is disinfected prior to dispatch. However it may become contaminated during transit, storage or handling in the practice.

PRESCRIBER FEEDBACK:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

Please convey this in writing by completing a further Prescription Docket.

LAB USE ONLY		
Instructions and Amendments	Sign/Date	Inv:
		Date:
Details of materials etc supplied by prescriber	Approved for Manufacture	Value: £
		Approved for Release

This is a custom-made medical 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 general safety and performance requirements specified in Annex 1 of the Medical Device Regulations.



THE DENTAL LAB LTD.
 Registered in England Reg. No. 04485787
 Directors: Neil Martin & Gary Whiting
 MHRA No: 000 000 3448



* All bonded restorations made using non precious alloy unless otherwise indicated.