



1ST CHOICE DENTAL LABORATORY LTD
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 MHRA No. 6305

**TWO-PART CUSTOM-MADE
 DENTAL APPLIANCE COMBINED
 INVOICE PRESCRIPTION**

Please complete the appropriate sections of this prescription and send both parts to the address opposite. If you have any problems with the use of this prescription then phone us on 0115 944 1243



PATIENT'S NAME / NUMBER		PATIENT'S DATE OF BIRTH		STANDARD	INDEPENDENT	PRIVATE	PREMIUM
NAME OF PRESCRIBER / NUMBER		LAB REF. NO:		Type of appliance Please [✓]			
				Denture	Flexible	Chrome Cobalt	Crown & Bridge
CLINIC NAME / NUMBER / ADDRESS		ORDER DATE		NOTATION			
		INSTRUCTIONS AND AMENDMENTS RECORD			OUTLINE OF DESIGN REQUIRED		
Stage	Date						
BITE							
TRY-IN							
RETRY							
FINISH							
SHADE	MOULD						
M	F						

FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

Approved for manufacture by:	Approved for release by:	TOTAL AMOUNT:
		£

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the attributes, characteristics, properties and features 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 I of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalis or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model. Where applicable, instructions on how to use or clean this medical device may be obtained from the prescriber.

In the event that the prescriber has supplied some of the materials etc for incorporation in this manufactured custom-made dental appliance then this particular appliance cannot be guaranteed to fully meet with the applicable relevant essential requirements set out in Annex I of the Medical Devices Directive. The grounds for placing this particular appliance on the market is that the risk of compromising the patient's health and safety by using materials etc supplied by the prescriber is an appropriate European Competent Authority registered manufacturer of custom-made medical devices.

HEALTH AND SAFETY REMINDER To comply with the COSHH Regulations and BDA good practice, impressions and other appliances should be suitably decontaminated and disinfected before passing these entities to the laboratory. Failure to decontaminate impressions or appliances can lead to prosecution by the Health and Safety Executive for breach of the COSHH Regulations.

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.