



PROSTHETICS

Dentist:

Address:

Tel:

Patient:

DOB: level
1 2 3 4

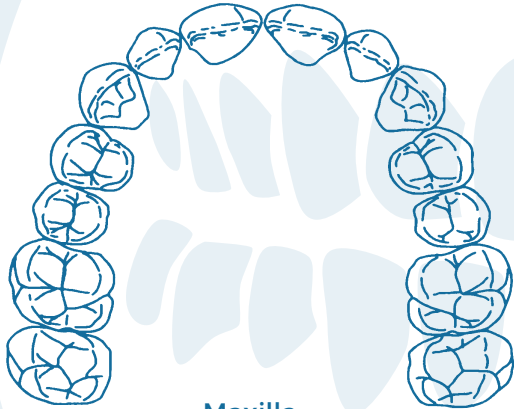
M / F

Shade Mould

Ultraire Chrome Flexible Acrylic

Special Tray : Bite: Try In:

Framework only: Retry: Finish:



Maxilla



Mandible

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Notes:

For Lab use only Case No		Approved for manufacture by:				Approved for release by:	
Special Tray	Bite	Frame	Try in	Retry	Finish	Repair	Other



MHRA REF: CA016517

YOUR ATTENTION IS DRAWN TO THE FOLLOWING: HOWEVER THIS STATEMENT DOES NOT APPLY TO PPE MOUTHGUARDS OR REPAIRS. This custom made dental appliance has been manufactured to satisfy the properties, features, characteristics and attributes specified by the client for the above patient. This dental appliance is limited to be used exclusively by this patient and conforms to the relevant requirements in Annex 1 of the Medical Devices Directive.

INSTRUCTIONS FOR USE, HANDLING AND STORAGE

It is recommended that before use this dental appliance is stored in a safe and clean environment, preventing it coming into contact with equipment, materials, acids, alkalis or bleaches that may cause chemical or physical damage to the appliance. This dental appliance should not be exposed to extremes of temperature whilst being stored. Where applicable care should be taken when removing the dental appliance from the model.

THIS DENTAL APPLIANCE IS SUPPLIED UNSTERILIZED