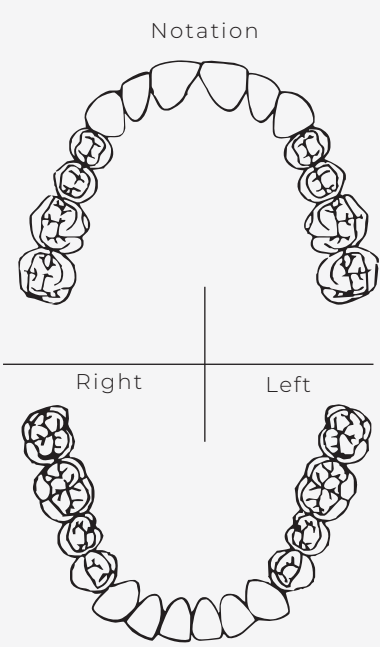




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Dentist ID Number:		Surgery:			Job No:	
Type Of Work	Crown & Bridge	Date Sent:			Technique No:	
This is a custom made device for the exclusive use for Patient Name:		Male	Female	Age	Sterile	Non Sterile
Contract Review Impression:			Order Review Model:			

Crown & Bridge Department		Codes	Notation 	Models	Checked by	Codes
Crown Type:					Scanned:	
Shade:				Design:		
Metal:				Final Finish:		
Other:				IMPORTANT: PLEASE DATE ONE DAY BEFORE APPOINTMENT		
Standard Zirconia						
Zirconia Plus						
Date Required in Surgery:						

Case Instructions: _____

Statement
Your attention is drawn to the following statement: 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 I of the Medical Devices Regulations.

Feedback:
To enable our dental laboratory to comply with the Medical Devices regulators for the post Market Surveillance please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible

Essential Requirements not Met:	Reasons for Non-Conformance:	04095001
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