

MHRA Ref. No.  
316

# NON CERAMICS

Job No.:




223 Longbridge Lane, Northfield Birmingham B31 4RE  
Tel: 0121 477 2038 • Fax: 0121 475 4004



<b>SURGEON:</b>	This is a custom made device for the exclusive use of: <b>PATIENT NAME / I.D.:</b>
-----------------	---

<b>DATE SENT:</b>	<b>DATE REQUIRED:</b>	Please tick appropriate box <table style="width: 100%; text-align: center;"> <tr> <td>NHS</td> <td>Ind.</td> <td>Pri.</td> <td>Premium</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NHS	Ind.	Pri.	Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS	Ind.	Pri.	Premium							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

**REQUIREMENTS:**



**SHADE:**

Implant       Screw Retained       Cement Retained

LABORATORY CHECKLIST	Date	Initial		Date	Initial
Prescription Reviewed & Accepted			Metal Work Completed & Inspected		
Model Cast & Checked			Ceramic Work Completed & Inspected		

This device conforms to the general safety & performance requirements specified in Annex 1 of the Medical Device Regulations.

Released by: (signature)..... Date:.....

<p><b>Prescriber Feedback:</b> 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.</p>	<p><b>Reason:</b></p>
--	-----------------------

**KEEP AWAY FROM EXTREME HEAT OR COLD**

MHRA Ref. No.  
316

# Non ean Ceramics

Job No.:



British Dental Technology  
Clinically Compliant | Professionally Produced


223 Longbridge Lane, Northfield Birmingham B31 4RE  
Tel: 0121 477 2038 • Fax: 0121 475 4004



SURGEON:		This is a custom made device for the exclusive use of: PATIENT:	
----------	--	--	--

DATE SENT:	DATE REQUIRED:	Please tick appropriate box		
		NHS	Ind.e.pendent	Private
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIREMENTS:



SHADE:

LABORATORY CHECKLIST	Date	Initial		Date	Initial
Prescription Reviewed & Accepted			Metal Work Completed & Inspected		
Model Cast & Checked			Ceramic Work Completed & Inspected		

This device conforms to the general safety & performance requirements specified in Annex 1 of the Medical Device Regulations.

Released by: (signature)..... Date:.....

Essential Requirements Not Met:	Reason:
---------------------------------	---------

KEEP AWAY FROM EXTREME HEAT OR COLD