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REMO
DENTAL LABORATORY LTD

Prescriber Name

Return Date:

Patient Name/Reference:

Patient Name/Reference:
Custom made device for exclusive use of:

Return Date:

Prescriber Name & Address:

Job Number:

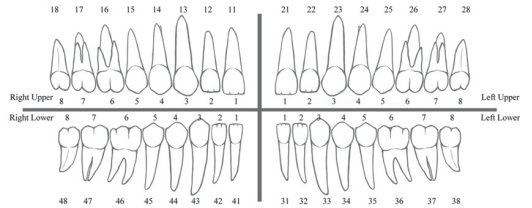
Date Received:

Implant System & Size:

Shade:

Instructions:

:



Images:

Enclosed Sent via Email Shade at Lab

Implant Components:

Laboratory Notes:

Statement:

When signed for release, this device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC) and the UK Medical Devices Regulations. Those relevant essential requirements not met and the reasons why are listed overleaf. The laboratory will manufacture the appliance as per prescription, it is the prescribers responsibility to ensure that the prescription is completed correctly and complies to dental regulations.

KEEP AWAY FROM EXTREME HEAT OR COLD



Approved for release by:

Signed: