Classic dental laboratory

16a Shorncliffe Road, Folkestone Kent, CT20 2SF

01233884388 Info@classicdentallab.co.uk

Dentist & Practice: ..... Address : .....

.....

Patient Name: ..... Age : .....

Please circle: **Male** | **Female** **NHS** | **Private**

IMPRESSION DISINFECTED ☐

REMOVABLE PROSTHODONTICS

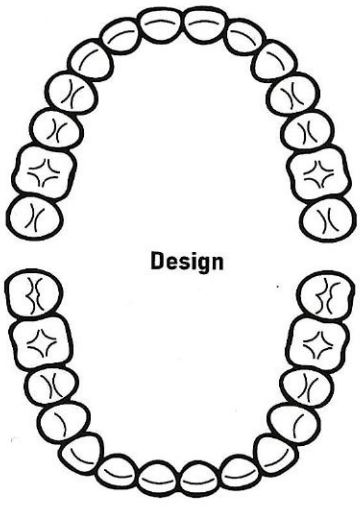
Please circle:

Acrylic | **Crome** | **Flexi Denture**

Clasps

Immediates:

To Replace:



Design

Shade: .....

	Date
Special Tray	
Bite	
Try-In	
Finish	

FIXED PROSTHODONTICS

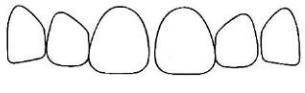
Please circle:

Crown | **Bridge** | **Implant**

Return Date: .....

Case Instructions:

Stains and Characterisations



Shades: .....

DENTIST SIGNATURE:

.....

WARNING: THIS IS A CUSTOM-MADE MEDICAL DEVICE THAT HAS BEEN MANUFACTURED TO SATISTY THE ATTRIBUTES, CHARACTERISTICS, PROPERTIES AND FEATURES SPECIFIED BY THE PRESCRIBER FOR THE ABOVE NAMED PATIENT. THE MEDICAL DEVICE IS INTENDED FOR EXCLUSIVE USE BY THIS PATIENT AND CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS SPECIFIED BY ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE (93/42 /EEC). THIS DEVICE IS SUPPLIED IN NON-STERILE CONDITION. KEEP AWAY FROM EXTREMITIES OF HEAT AND COLD.

General Dental Council | protecting patients, regulating the dental team

MHRA Regulating Medicines and Medical Devices

MHRA: 0000037018

Promoting British Dental Technology