

PROSTHETICS PRESCRIPTION

Dentist..... Date

Practice

Patient ID/Name Age M / F

Return Date (At least one day before appointment)

Bite: S/Tray? ↑ ↓

Try:

Retry:

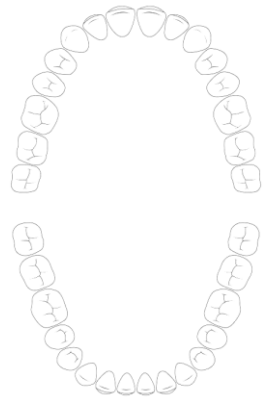
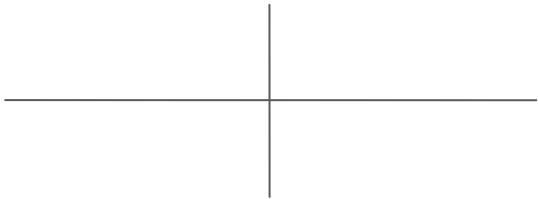
Finish:

Working times
Standard - Please allow min 5 working days (excluding weekends & bank holidays)

Express - 3 working days
 £25 per return

Instructions :

Shade NHS
 Private



Total cost £

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 relevant essential requirements. *This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.*