

<b>PRACTICE NAME</b>		<b>DENTIST NAME</b>		<b>JOB NO.</b> <small>Lab use only</small>	
				<b>RECEIVE DATE</b>	
<b>PATIENT NAME</b>  Age <input type="checkbox"/> M <input type="checkbox"/> F		<b>PHONE NUMBER</b>		<b>DELIVERY DATE</b>	
				<b>APPOINTMENT TIME</b>	

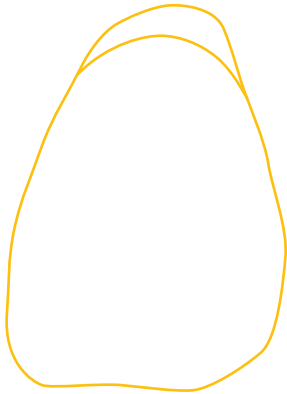
**NOTATION**

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	<input type="checkbox"/> CROWN	<input type="checkbox"/> MARYLAND	<input type="checkbox"/> PONTIC	<input type="checkbox"/> DIAGNOSTIC WAX UP
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 28	<input type="checkbox"/> BRIDGE	<input type="checkbox"/> INLAY	<input type="checkbox"/> WING	
		<input type="checkbox"/> VENEER	<input type="checkbox"/> ONLAY	<input type="checkbox"/> POST & CORE	<input type="checkbox"/> TEMPORARY CROWN/BRIDGE

<b>PORCELAIN BONDED TO METAL</b> <input type="checkbox"/> PRECIOUS <input type="checkbox"/> SEMI-PRECIOUS <input type="checkbox"/> NON-PRECIOUS	<b>ALL CERAMIC</b> <input type="checkbox"/> EMAX <input type="checkbox"/> LAYERING <input type="checkbox"/> CERAMAGE	<b>ZIRCONIA</b> <input type="checkbox"/> FULL CONTOUR <input type="checkbox"/> LAYERING	<b>FULL METAL CROWN</b> <input type="checkbox"/> PLEASE <input type="checkbox"/> SEMIE PLEASE <input type="checkbox"/> NON PLEASE	<b>IMPLANT</b> <input type="checkbox"/> IMPLANT SYSTEM <input type="checkbox"/> SCREW RETAINED CROWN <input type="checkbox"/> DISCUSSED WITH THE LAB
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<b>METAL COLLAR</b> <input type="checkbox"/> BUCCAL <input type="checkbox"/> ALL AROUND <input type="checkbox"/> KNIFE MARGIN	<input type="checkbox"/> METAL BACKINH	<b>OCCLUSAL STAIN</b> <input type="checkbox"/> NONE <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG
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**SHADE DETAILS & FURTHER INSTRUCTIONS**



<b>ITEMS</b> <b>DISPATCHED</b>	SILICONE <input type="checkbox"/> U <input type="checkbox"/> L	ALGINATE <input type="checkbox"/> U <input type="checkbox"/> L	STUDY MODELS <input type="checkbox"/> U <input type="checkbox"/> L	BITE <input type="checkbox"/>	EMAIL <input type="checkbox"/>	PHOTO <input type="checkbox"/>	<b>APPROVED FOR MANUFACTURE</b> <div style="border: 2px solid orange; width: 80px; height: 20px; display: inline-block; margin-left: 5px;"></div>
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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 Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

<b>MODELS DEPT</b>	<b>METAL DEPT</b>	<b>CERAMIC DEPT</b>
<b>FOR SURGERY USE   DISINFECTED</b>	<b>FINAL INSPECTION SIGNATURE</b>	