



Regent Dental



Regent Dental Laboratories Ltd • 4 Bassett Road • Leighton Buzzard • Beds • LU7 1AR
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PRESCRIBING DENTIST'S NAME & ADDRESS IN FULL:				CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF: <u>PATIENT'S NAME:</u>				DESCRIPTION OF CUSTOM MADE DEVICE REQUIRED:															
				<table border="1"> <tr> <td>APPOINTMENT DATES:</td> <td>DD</td> <td>MM</td> <td>YY</td> </tr> <tr> <td>BITE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TRY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FINISH</td> <td></td> <td></td> <td></td> </tr> </table>				APPOINTMENT DATES:	DD	MM	YY	BITE				TRY				FINISH			
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BITE																							
TRY																							
FINISH																							
DESPATCH DATE TO LAB				PRIVATE				OTHER															
								SHADE:															

For Lab use only

1. Enclosure Review:	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Approved for Manufacture by:										

Statement of Compliance When signed by Regent Dental Laboratories

THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS SET OUT IN ANNEX I OF THE MEDICAL DEVICES DIRECTIVE. THIS STATEMENT DOES NOT APPLY TO MEDICAL DEVICES THAT HAVE BEEN REPAIRED AND/OR REFURBISHED FOR AN INDIVIDUAL PATIENT'S USE.

12.	

Signature of Authority

The devices from this Laboratory have been cleaned but are not considered to be Sterile.

KEEP AWAY FROM EXTREMES OF HEAT AND COLD

SEND WHITE AND YELLOW COPIES TO REGENT DENTAL: RETAIN PINK COPY.