



Prescriber .....	
Practice .....	
Patient Id .....	
Date sent .... / ... / ...	Date required .... / ... / ...

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# PRESCRIPTION

Please send two copies to the lab

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Shade .....
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	

For lab use only

## PATIENT'S STATEMENT

Approved for release on: .... / .... / ....

By: .....

**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 general safety and performance requirements specified in Annex I of the Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

**Storing, handling and instructions for use:** It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from its model. This custom-made medical device comes in an unsterilised state.

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.