



Prescriber

Practice

Patient

Date sent / ... / ... Date required / ... / ...

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Please send two copies to the lab

PRESCRIPTION

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	

STATEMENT OF MANUFACTURE

For lab use only

Approved for release

By

Date / /

This custom made medical device conforms to the essential requirements set out by Annex 1 of the Medical Devices Directive and the UK Medical Devices Regulations. This appliance is intended for the sole use of the patient named above. This statement does not apply to medical devices which have been repaired and / or refurbished.