dentech

MT/CA01/008

Mayfair Park Fl 4, 33 Triq Sir Henry Bouverie , Gzira
Lab Tel: 27315741 Mob: 99276028

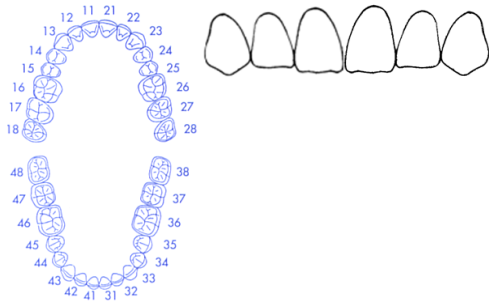
Dentist: **Clinic:**

Patient: **Lab/Pt Ref:**

THIS CUSTOM-MADE DEVICE will be manufactured using materials that have a CE mark or have been tested and approved under the company's control procedures. **Impressions must be decontaminated** according to recognised cross-infection guidelines against Bacteria, Fungi, and Viruses (including, but not limited to HIV, HBV,TB) **BEFORE** dispatch to the Laboratory.

Shade:

PLEASE indicate the involved teeth/design with instructions and due date below. Continue overleaf if necessary:



Initial Review By:

Manufactured By:

Released By:

Total Due:

€

IMPS AND/ OR MODELS	IN LAB	OUT LAB	DUE DATE
BITE AND/ OR TRAYS	IN LAB	OUT LAB	DUE DATE
TRY IN	IN LAB	OUT LAB	DUE DATE
FINISH	IN LAB	OUT LAB	DUE DATE

When signed in the check box, **THIS CUSTOM-MADE NON-STERILE DEVICE** is intended for the exclusive use of the above listed patient and has been made to the prescription of the customer shown in the box above, who is responsible for the design and marketing of the device. **THE THIRD PARTY**, being the manufacturer to whom this was sub-contracted, is **Dentech**, who certify that it conforms with the relevant essential requirements as set out in **annex 1 of the Medical Devices Regulations (LN47 of 2003).**
Any requirements not met are listed overleaf.
ANY relevant requirements not met and reasons why are listed in the Notes section overleaf.

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