

## Prescription/Patient Statement

This device is a custom-made dental appliance intended for exclusive use by: <b>(patient name)</b>	Name of Prescribing Dentist
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Order Date <input type="checkbox"/> Express Service	Practice Address
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Date Required (Please ensure this date is the day <b>before</b> fitting)	Telephone No.
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<input type="checkbox"/> Independent	<input type="checkbox"/> Private	<input type="checkbox"/> Premier	Charting
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Shade	Neck	All impressions sent to Lifelike Dental Ceramics must be disinfected according to current regulations	
.....	.....		
.....	Body		
	Tip		

Restoration Type:	Description / Type of Appliance (ie. crown, bridge, etc.)	Quantity	Comments
<b>ALL CERAMIC</b> <b>Zirconia</b> <input type="checkbox"/> Lava <input type="checkbox"/> Zr Life (Economy) <input type="checkbox"/> Zircad <b>Other</b> <input type="checkbox"/> E-Max Press <input type="checkbox"/> Gradia (Composite) <input type="checkbox"/> Procera <b>Traditional</b> <input type="checkbox"/> Non-precious Bonded <input type="checkbox"/> Precious Bonded <input type="checkbox"/> Duceragold/LFC <input type="checkbox"/> Veneer/PJC <input type="checkbox"/> 60% Gold <input type="checkbox"/> Other (please state): ..... <b>Bleaching Trays</b> <input type="checkbox"/> With Reservoirs <input type="checkbox"/> Without Reservoirs			

**Origin of manufacture declaration: This complete appliance has been manufactured in the UK.**  
 THIS IS NON-STERILE. This is a custom-made device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient. This device conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive (93/42/EEC) and the UK Medical Devices Regulations. *This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.*  
 This medical device should be stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalis or bleaches that could cause physical or chemical damage.  
 The device must not be subjected to extremes of temperature during storage.

Lab Ref	Inv No	Model By	Metal By	Porcelain By	Release By	Sub Total	£
						Excess Metal Charge	£

**Patient Information:**  
 If you have any queries regarding the fit or performance of your appliance you should contact the prescribing dentist for further information.

Articulation	£
<b>Total</b>	<b>£</b>



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Shade _____ Neck _____ _____ Body _____ _____ Tip _____	All impressions sent to Lifelike Dental Ceramics must be disinfected according to current regulations	
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Restoration Type:	Description / Type of Appliance (ie. crown, bridge, etc.)	Quantity	Comments
<b>ALL CERAMIC</b> <b>Zirconia</b> <input type="checkbox"/> Lava <input type="checkbox"/> Zr Life (Economy) <input type="checkbox"/> Zircad <b>Other</b> <input type="checkbox"/> E-Max Press <input type="checkbox"/> Gradia (Composite) <input type="checkbox"/> Procera <b>Traditional</b> <input type="checkbox"/> Non-precious Bonded <input type="checkbox"/> Precious Bonded <input type="checkbox"/> Duceragold/LFC <input type="checkbox"/> Veneer/PJC <input type="checkbox"/> 60% Gold <input type="checkbox"/> Other (please state): _____ <hr/> <b>Bleaching Trays</b> <input type="checkbox"/> With Reservoirs <input type="checkbox"/> Without Reservoirs			

PATIENT STATEMENT

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Lab Ref	Inv No	Model By	Metal By	Porcelain By	Release By	

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