

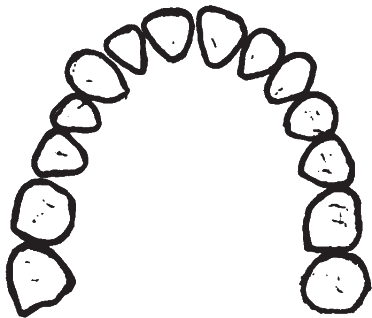
A/C No..... Case No.....

Prescribing Clinicians Name.....

Address.....

Patient Name..... NHS/Private

**N.B. USE ONE PRESCRIPTION
PER APPLIANCE**



Imp/Mod Disinfected <input type="checkbox"/>	Self Cured <input type="checkbox"/>
Bite enclosed Yes / No <input type="checkbox"/>	Heat Cured <input type="checkbox"/>
<i>Please tick for a supply of:-</i>	
Work sheets <input type="checkbox"/>	Upper <input type="checkbox"/>
	Lower <input type="checkbox"/>
Free Post Labels <input type="checkbox"/>	Boxes <input type="checkbox"/>

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 relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.
This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Device Required By..... **Lab Fee**
 £ : _____

Code Case No Signed

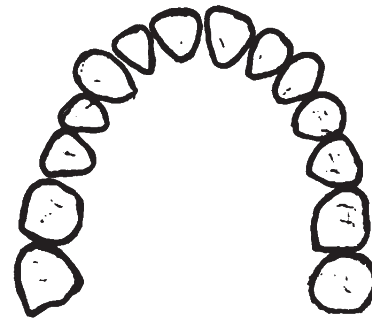
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