



**Sheffield Orthodontic Laboratories Ltd**  
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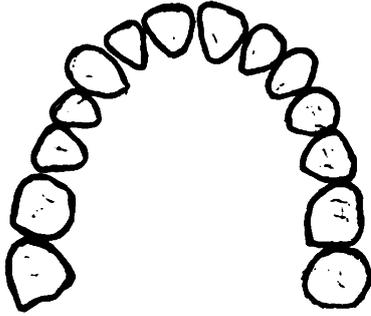
A/C No..... Case No..... App.Man.....

Prescribing Clinicians.....

Address.....

Patient/Number.....

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



Lab. Sheets  Bite Enc.  H. Cured  C. Cured

Printed Models  Scans  Boxes  Disinfected

Free Post Labels

Device Required By.....

F  T

Lab Fee

£ \_\_\_\_\_ :

**PRESCRIBER FEEDBACK** - To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

**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 1 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 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. The medical device should not be subject to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from the model.

**ORIGIN OF MANUFACTURE DECLARATION** - This complete appliance has been wholly manufactured within the UK/EU

Code

Case No

Signed