

Lab number

For patient use only – please complete this section

Your name: _____

Your Address: _____

Prices:

£50

Please send a cheque payable to:
 SBO Dental Laboratory Ltd

Tel: _____

Date you sent case: ___/___/___

Date & time you want denture back:
 ___/___/___ at ___:___ am/pm

- We can post your denture back to you on the same day we receive it.
- We recommend you post your denture to us using registered post

General instructions and or comments:

Specific bullet points which need attention:

- _____
- _____
- _____
- _____
- _____
- _____

For laboratory use only – please do not write in this section

1. Date received in laboratory ___/___/___

2. Reception reviewed by: _____

3. Enclosed: (Enter Number received)

- | | | | |
|----------------|--------------------------|------------------------|--------------------------|
| Alginate | <input type="checkbox"/> | squash bite | <input type="checkbox"/> |
| Rubber | <input type="checkbox"/> | Models | <input type="checkbox"/> |
| Bite fork | <input type="checkbox"/> | customer's articulator | <input type="checkbox"/> |
| Customer's box | <input type="checkbox"/> | Components | <input type="checkbox"/> |

5. Approved for manufacture _____ date ___/___/___

6.	Models	Gold	Ceramic	Prosth.	Chrome
Finished					
Checked					

7. Approved for despatch _____ date ___/___/___

8. Notes:



Your attention is drawn to the following:

This is a **custom made** dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above **named patient**. This dental appliance is intended for **exclusive use by this patient and conforms to the relevant essential requirements** specified in the Medical Devices Directive and United Kingdom Medical Devices Regulations SI2002 No618

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE