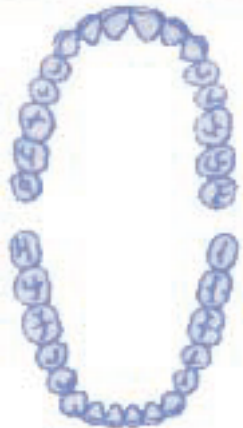



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|---------------|--------|--|----|--|---|------|--------|-------|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DENTURAMICS DENTAL LABORATORY 28 LAND STREET BUCKIE MORAY SCOTLAND AB56 1QS tel/fax 01542 835525 | | | | SURGEON & ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PATIENT | | | | TO REPLACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE | | FEMALE | | AGE | | <div style="text-align: right; margin-bottom: 10px;"> <table style="border-collapse: collapse; margin: auto;"> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">18</td><td style="padding: 2px 5px;">17</td><td style="padding: 2px 5px;">16</td><td style="padding: 2px 5px;">15</td><td style="padding: 2px 5px;">14</td><td style="padding: 2px 5px;">13</td><td style="padding: 2px 5px;">12</td><td style="padding: 2px 5px;">11</td><td style="border-left: 1px solid black; padding: 2px 5px;">21</td><td style="padding: 2px 5px;">22</td><td style="padding: 2px 5px;">23</td><td style="padding: 2px 5px;">24</td><td style="padding: 2px 5px;">25</td><td style="padding: 2px 5px;">26</td><td style="padding: 2px 5px;">27</td><td style="padding: 2px 5px;">28</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">48</td><td style="padding: 2px 5px;">47</td><td style="padding: 2px 5px;">46</td><td style="padding: 2px 5px;">45</td><td style="padding: 2px 5px;">44</td><td style="padding: 2px 5px;">43</td><td style="padding: 2px 5px;">42</td><td style="padding: 2px 5px;">41</td><td style="border-left: 1px solid black; padding: 2px 5px;">31</td><td style="padding: 2px 5px;">32</td><td style="padding: 2px 5px;">33</td><td style="padding: 2px 5px;">34</td><td style="padding: 2px 5px;">35</td><td style="padding: 2px 5px;">36</td><td style="padding: 2px 5px;">37</td><td style="padding: 2px 5px;">38</td> </tr> </table> </div>  <div style="margin-top: 20px;">  </div> <p style="text-align: right; margin-top: 20px;">SHADE.....</p> | | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 18 | 17 | 16 | 15 | 14 | 13 | | | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | | | | | | | | | | | | | | | | | | | | | |
| 48 | 47 | 46 | 45 | 44 | 43 | | | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE | DENPLAN | IND | NHS | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">BITE</td> <td style="width:12.5%;">TRY IN</td> <td style="width:12.5%;">RETRY</td> <td colspan="4">FINISH</td> </tr> <tr> <td style="width:12.5%;">1</td> <td style="width:12.5%;">2</td> <td style="width:12.5%;">3</td> <td style="width:12.5%;">4</td> <td style="width:12.5%;">5</td> <td style="width:12.5%;">6</td> <td style="width:12.5%;">7</td> <td style="width:12.5%;">8</td> </tr> </table> | | | | BITE | TRY IN | RETRY | FINISH | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | |
| BITE | TRY IN | RETRY | FINISH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | | | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE REQUIRED | | DATE RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF CASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIDGE | CROWN | OTHER | | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">1</td> <td style="width:12.5%;">2</td> <td style="width:12.5%;">3</td> <td style="width:12.5%;">4</td> <td style="width:12.5%;">5</td> <td style="width:12.5%;">6</td> <td style="width:12.5%;">7</td> <td style="width:12.5%;">8</td> </tr> </table> | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | | | | | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHROME | ACRYLIC | ORTHO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS IS A CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF THE PATIENT | | | | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">1</td> <td style="width:12.5%;">2</td> <td style="width:12.5%;">3</td> <td style="width:12.5%;">4</td> <td style="width:12.5%;">5</td> <td style="width:12.5%;">6</td> <td style="width:12.5%;">7</td> <td style="width:12.5%;">8</td> </tr> </table> | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASE INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS AS SET OUT WITHIN ANNEXE 1 OF THE MEDICAL DEVICES DIRECTIVE (93/42/EEC)

THE NUMBER OF THE MANUFACTURER WITH THE MDA IS CA 000272