

WESTCOUNTRY DENTAL CRAFTS (LABORATORY) LTD



STATEMENT/INVOICE

JOB NUMBER

PATIENT		MALE			
		FEMALE			
SURGEON					
PRACTICE					
DATE REQUIRED					
SHADE			AGE		
			NHS		
			PRIVATE		
REVIEW OF REQUIREMENTS:					
APPROVED FOR MANUFACTURE:					
AMENDMENTS: (LAB USE ONLY)					

PROCESS	SIGNATURE	DATE
BOOKED		
POURED		
DIE TRIMMED		CHECKED BY
DIGITAL FLOW		
1. ZIRC		
2. CERAMIC		
3. METAL		
4. WAX RESIN		
5. MODEL		
WAXED		
FINISHED		
DISPATCHED		
TYPE OF CROWN	PLEASE TICK	COST £ P
ALL PORCELAIN CROWN		
EMAX RESTORATION		
ZIRCONIA RESTORATION		
PRECIOUS BONDED BRIDGE		
PRECIOUS BONDED CRN		
NON PRECIOUS BRIDGE		
NON PRECIOUS BONDED CRN		
GOLD CROWN (WHITE)		
GOLD CROWN (YELLOW)		
NON PRECIOUS SHELL CROWN		
POST & CORE		
MARYLAND BRIDGE		
PORCELAIN VENEER		
PORCELAIN INLAY/ONLAY		
60% GOLD INLAY/ONLAY		
COMPOSITE INLAY		
BLEACHING TRAY		
PRECIOUS METAL		
IMPLANT NOTES (LAB USE ONLY)		
SYSTEM		
ANALOG SUPPLIED Y / N		
CUSTOM ABUTMENT Y / N		SUPPLIER
STOCK ABUTMENT Y / N		SUPPLIER
PARTS ORDERED AND DATE ORDERED		

Final Inspection:
Approved for release by:

Signed Date

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

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

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 devices (s) as soon as possible.

ANY RELEVANT ESSENTIAL REQUIREMENTS NOT MET ARE LISTED OVERLEAF KEEP AWAY FROM THE EXTREMITIES OF HEAT AND COLD

WESTCOUNTRY DENTAL CRAFTS (LABORATORY) LTD. 9 PARKHILL ROAD, TORQUAY, DEVON, TQ1 2AL
 TEL: 01803 297033 Email: westcountrydentalcrafts@outlook.com Company Registered No. 4749274
 M. SHEARS GDC NO: 135131 A. CHATTERTON GDC NO: 135128 MHRA NO: 6517