



# WESSEX DENTAL LAB

Eat, Smile, Talk with Confidence

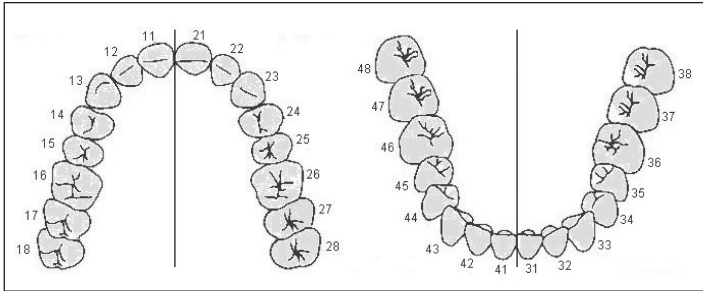
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## FINE DENTAL ART

PRIVATE  STANDARD

Shade

Mould



### Surgery Use Only

Are impressions Disinfected Yes  No  Initial

Instruction / Amendments:

## ACRYLIC / CHROME / ORTHO

CASE NO. (Lab use only)

Prescribing Dentist Name and Address, Telephone  
**(PLEASE STAMP BOTH SHEETS)**

Patient: (Custom made device for the exclusive use of this patient)

Male  Female  Age

	DELIVERY DATE	DONE	TECH DISINFECT
Models			
SP/Tray			
Bite			
Try-in			
Re-try			
Finish			

(Lab use only)

Approved for manufacture by: \_\_\_\_\_

Lab Comments:

### TECHNICIAN CHECKLIST

I read and understand the instructions

Try  1. Re-Try  2. Re-Try  Finish



Keep away from extreme hot and cold. Non sterile appliance.

This device conforms to the relevant essential requirements as set out with Annex 1 of the medical Devices Directive (93/42/EEC). Any relevant essential requirements not met and reason why are listed overleaf. Registration number of manufacturer with the Medicak Devices Agency is CA 002245