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Turnaround Times Bites & Special Trays 5 Days					CASE INSTRUCTIONS AND AMENDMENTS RECORD		
Acrylic & Flexi Try in Chrome Denture Try Acrylic & Chrome De Flexi Denture Finish	r y in enture l	Finish	7 Days 10 Days 7 Days 10 Days				
Prescribing Dent	tist & I	Practice:					
Custom made device f							
NHS			PRIVATE/IN	NDEPENDENT	1		
Shade:			DOB:				
PART	PART FULL		CHROME / FLEXI				
PART	PART FULL		CHROME / FLEXI				W W
Stage		Date	Sent	Date Required			THE
SPECIAL TRAY					R		- L
BITE					FIELDS BELOW TO	BE COMPLETE	D BY LABORATORY PERSONNEL
DIIE					Technician Ref:	Job Details:	
					Technician Ref:	Job Details:	
TRY IN					Technician Ref: Approved for manufactu	Job Details:	Approved for release by:
					Sign:		Sign:
RETRY					Details of materials supp	plied:	Details of any model approval:
FINISH					accordance with the des	ign specifications p ided solely for the e	edical device has been manufactured in rovided by the prescribing dentist for the xclusive use of this patient and complies
Disinfected:	Yes	/ No	Fee:	£	-	· · ·	juirements set out in Annex I of the Medi- nce with Post-Market Surveillance obliga-
DISINFECTED BY:						rding the fit, functio	on or performance of this appliance must