

PROSTHETIC ORDER FORM



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 Harborne
 Birmingham
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MHRA 6272

Important please enter your Dentist ID Number Only here:			Surgery:				Job No:	
Type of Work:	Independent:	Private:	NHS:	Acrylic	Valplast	Chrome	Date Sent:	
This is a custom made device for the exclusive use for Patient Name:				Male	Female	Age	Non Sterile Device:	
						Technique No:		
Contract Review Impression:					Order Review			

IMPORTANT
PLEASE DATE ONE DAY BEFORE APPOINTMENT

Case Notes for
 Prosthetic Patient

Special Tray:	CHK By
Bite Day:	CHK By
Try-in Day:	CHK By
Re-Try Day:	CHK By
Finish Day:	CHK By
Shade:	Mould:

	Lab Codes:

Your attention is drawn to the following statement: This is a custom made device and 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 the exclusive use by this patient and conforms to the general safety and performance requirements specified in Annex 1 of the Medical Devices regulations. **ORIGIN OF MANUFACTURE DECLARATION.** This complete appliance has been wholly manufactured within the E.U. **Prescriber Feedback.** To enable our dental laboratory to comply with Medical Device Regulations for post market surveillance please inform us of any feedback or issues regarding the enclosed devices as soon as possible.



Essential Requirements not Met:	Reasons for Non-Conformance:
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