

# THE IMPLANT SPECIALISTS

**P R** Job No. \_\_\_\_\_

PLEASE FILL ALL  
SHADED AREAS TO  
AVOID DELAYS

**SURGEON AND ADDRESS**

Custom made device for the exclusive use of  
**PATIENT**

**CASE TYPE**      **UPPER**      **LOWER**

**ACRYLIC**           

**CHROME**           

**ACRYLIC CHROME**           

**VALPLAST**           

**ACETAL CLASP**           

**NHS/ECON**     **INDEP**     **PRIV**    

**Special Delivery**

1 Day	2 Day	3 Day
Express Service (additional costs apply)		

Dispatched by:

Date      Special      Courier

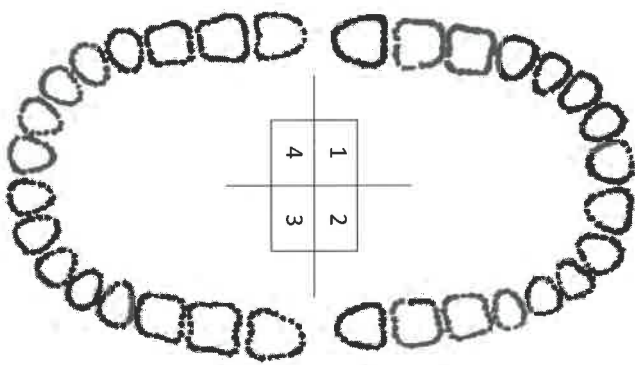


**AESTHETIC WORLD**  
DENTAL LABORATORY LTD

Laboratory of the year  
**THE DENTAL AWARDS WINNER 2015**



**DESIGN NOTATION**



**IF A SPECIFIC DESIGN REQUIRED FOR CR/CO PLEASE ILLUSTRATE ABOVE OR IN PRELIMINARY MODEL. IN THE ABSENCE OF INSTRUCTIONS WE ASSUME THAT YOU REQUIRE US TO USE THE MOST APPROPRIATE DESIGN AND THAT THIS WILL BE ACCEPTABLE**

This device conforms to the relevant essential requirements as set out within Annex 1 of the Medical Devices Directive (93/42/EEC). Relevant essential requirements not met and reasons are listed in instructions. The Registration Number of the manufacturer with the Medical Devices Agency is CA015349. **THIS MEDICAL DEVICE IS SUPPLIED IN AN UNSTERILISED STATE**

# PROSTHETICS & CHROME

TRAY/DESIGN	Delivery Date	In	Out	In		
<b>BITES</b>	Delivery Date	In	Out	In		
<b>TRY-IN</b>	Delivery Date	In	Out	In		
<b>RE-TRY-IN</b>	Delivery Date	In	Out	In		
<b>FINISH INSTRUCTIONS</b>	Delivery Date	In	Out	In		
<b>Delivery Date</b>		In	Out	In		
<b>IMPS</b>	<b>MODELS</b>	<b>BITES</b>	<b>TRY-IN</b>	<b>STUDY</b>	<b>PHOTO</b>	<b>SHADE &amp; MATCH</b>
U	L	U	L	U	L	

**NOTE: DELIVERY DATES ARE THE DATES FOR DELIVERY OF THE WORK INTO THE SURGERY**