

# REMOVABLE PROSTHETICS PRESCRIPTION FORM

Dentist Name: \_\_\_\_\_

Practice Name & Address: \_\_\_\_\_

Patient Name /ID: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Patient Sex: \_\_\_\_\_

Prep Date: \_\_\_\_\_ Date/Time Required: \_\_\_\_\_

Lab Ref: \_\_\_\_\_

Case Type  
 NHS  INDEPENDENT  MASTER DENTURIST

1. Bite Block  Special Tray

Start Date: \_\_\_\_\_

Date/Time Required: \_\_\_\_\_

Lab Ref: \_\_\_\_\_

2. Set Up

Start Date: \_\_\_\_\_

Date/Time Required: \_\_\_\_\_

SHADE: \_\_\_\_\_

Lab Ref: \_\_\_\_\_

3. Finish

Start Date: \_\_\_\_\_

Date/Time Required: \_\_\_\_\_

Lab Ref: \_\_\_\_\_

4. \_\_\_\_\_

Start Date: \_\_\_\_\_

Date/Time Required: \_\_\_\_\_

Lab Ref: \_\_\_\_\_

**DENTURES:**

Upper Lower

Acrylic Denture

Immediate Denture

Chrome Denture

Flexi Denture

Clasps

Wire Strengtheners

Repair

Addition

Reline

Design:

Upper

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Lower

Notes

**REMOVABLE PROSTHESIS:**

Nightguard

Dual Laminate

Sports Guard Clear

Sports Guard Coloured

Whitening Tray(s)

Essix Retainer

Fixed Retainer

Splint (Michigan/Tanner)

Implant Splint

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 I 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. **ORIGIN OF MANUFACTURE DECLARATION:** Some appliances are manufactured outside of 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 device(s) as soon as possible. **THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.**