

Surgeon / Practice: _____

NHS Private

Patient Name / ID: _____

Date / Time required: _____

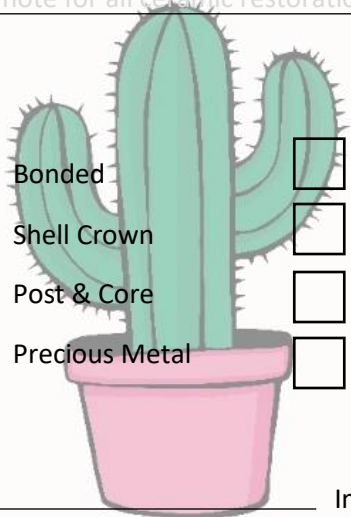


Shade Requirements: _____

Core / Prep Shade: please note for all ceramic restorations

Materials

- Zirconia Anterior 750mpa Bonded SLM Cobalt Chrome (NP)
- Zirconia HT+ 1250mpa Shell Crown PMMA/Temporaries
- Zirconia ST Multilayer 850mpa Post & Core Gradia Composite
- CAD EMax 380mpa Precious Metal CAD/Wax Diagnostic



Implant Restorations

Implant Brand: _____ Implant Size / Diameter: _____

Screw Retained Cement Retained Model Free (intra-oral scan cases only)

Other Instructions: _____

<p style="text-align: center;">Your attention is drawn to the following statement:</p> <p>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.</p> <p><i>This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.</i></p> <p>Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. When handling, you should take care not to damage the medical device.</p> <p style="text-align: center;">ORIGIN OF MANUFACTURE DECLARATION</p> <p>This complete appliance has been wholly manufactured within the EU.</p> <p style="text-align: center;">PRESCRIBER FEEDBACK:</p> <p>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.</p>	To be completed by Cactus only	
	cactus case:	
	Route	Completed by:
	Date rec:	
	Enclosed materials:	
	Approved for processing	
	Images rec / date:	
	Date sterilised:	
	Models/Dies approved for manufacture	
	Approved for release	
Fit checked to 2no models / Final inspection		
Case notes:		