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**LAB PRESCRIPTION**

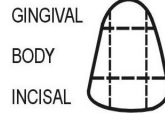
**Prescribing Dentist:**

**Patient Name:**

Please construct this custom made device for the exclusive use of the above patient

**Appliance:**

**Shade:**



**Date Sent**

**Date Due:**

**Restoration:**

- PFM   
  Full Metal Cast   
  Post&Core  
 E-max (porcelain brand)   
  Zirconia

**Alloys:** Compliant with Annex 1 of the Medical Devices Directive 93/42/EC

- Non-Precious (UK compliant Co-Cr)   
  Semi-Precious (UK compliant)  
 Titanium UK   
  High Nobel (UK compliant)

**Pontics:**

- FULL RIDGE   
  PARTIAL RIDGE   
  POINT CONTACT   
  NO CONTACT

**Metal Design (where applicable):**



**Contact:**  Light     Medium     Heavy   
**Embrasure:**  Close     Open     Normal

**Stain:**  None     Light     Medium     Heavy

**ALL WORK TO BE COMPLIANT WITH UK MEDICAL DEVICES REGULATIONS AND ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE 93/42/EC**



**BRIGHT DENTAL LAB**

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**PATIENT APPLIANCE STATEMENT**    **Case No:**

Name of authorised representative (+UK nickname in brackets)

Device or appliance constructed:

**Materials information used in construction of appliance. (All CE Marked).**

<u>Material</u>	<u>Supplier</u>	<u>Batch Number:</u>	<u>Expiry</u>

The above device has been constructed for the EXCLUSIVE use of the following patient

Name of patient: \_\_\_\_\_

Prescribing Dentist: \_\_\_\_\_

This statement is to confirm that the above device has been constructed in compliance with the essential requirements as set out in Annex I of the Medical Devices Directive 93/42/EC and UK Medical Devices Regulations

Furthermore I understand that our work may be randomly sampled for quality control purposes in accordance with the Watch Dental Group's policy for the 'Quality of Dental Appliances'.

Name of technician: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_