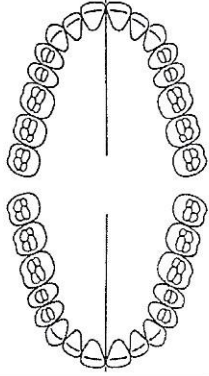


# CASTLE DENTAL LABORATORY

21 Brunel Road, Bedford. MK41 9TG  
01234 351327

## Laboratory Prescription

Surgeon:		Practice:	
Patient I.D.:		Lab Ref:	
Basic		Private	
Case:		Shade	
		Mould	
Bite		Re-try	
Try		Finish	
INSTRUCTIONS AND AMENDMENTS RECORD			
FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY			
Approved for manufacture by:		Approved for release by:	
Sign:		Sign:	
<p><b>Your attention is drawn to the following statement:</b> 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 1 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 patients use.</i></p> <p><b>Storing, handling and instructions for use:</b> 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 subject to extremes of temperature during storage. Where applicable, you should take care not to damage the medical device when removing it from it's model.</p> <p style="text-align: center;"><b>ORIGIN OF MANUFACTURE DECLARATION</b> This complete appliance has been wholly manufactured within the UK &amp; E.U.</p> <p style="text-align: center;"><b>PRESCRIBER FEEDBACK:</b> 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>			