



Surgeon \_\_\_\_\_

Patient \_\_\_\_\_

Age \_\_\_\_\_

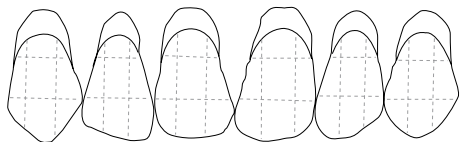
Sex \_\_\_\_\_

Shade \_\_\_\_\_

**Charting**

\_\_\_\_\_

**Characterisation**



**Delivery date** \_\_\_\_\_

Enclosed with this prescription is a ..... which has been manufactured to those requirements specified by ..... of .....

This custom made product is intended for the exclusive use of ..... of ..... with the particular features referred to above.

This product has been manufactured by Kaizen Ceramics in compliance with the relevant requirements of the Medical Devices Directive (Directive 93/42/EEC) and fulfils specifically the essential requirements as set out in Annex 1, together with the relevant requirements for custom made products.

PLEASE NOTE ITEMS ARE NOT STERILIZED.

**Quality** (please tick)

Standard

Superior



**Prescription**

**Comments**

**Laboratory use**

Job No \_\_\_\_\_

**Contents**

Upper Imp \_\_\_\_\_

Lower Imp \_\_\_\_\_

Squash Bite \_\_\_\_\_

Other \_\_\_\_\_

Date Received \_\_\_\_\_

Booked in by \_\_\_\_\_

Models \_\_\_\_\_

Metalwork \_\_\_\_\_

Ceramics \_\_\_\_\_

Final Check \_\_\_\_\_

Gold Weights \_\_\_\_\_

Gold Cost \_\_\_\_\_

Product Cost \_\_\_\_\_

Total Cost \_\_\_\_\_