



# MD Dental Services (Laboratory) Ltd.

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Dentist/Address		
Patient's Name/ID		Age
		M   F

LAB USE ONLY	
Box	Date
Imp. Scan	Alg.
Bite	Models
Bite Fork	Denture
Crown	Photo
Approval	Email sent

Date For Delivery  
(Allow 24 hours)

Occlusal Staining Required

None \_\_\_ Light \_\_\_ Medium \_\_\_ Heavy \_\_\_

Shade

Notation



Bonded Crown NP	
Bonded Crown Precious	
Bonded Bridge NP	
Bonded Bridge Precious	
Implant Case	
Full Gold Crown 60%	
Gold Inlay/Overlay 60%	
Post & Core NP	
Zirconia Crown	
Zirconia Bridge	
Zirconia Inlay/Onlay	
e.max Crown	
e.max Inlay/Onlay	
e.max Veneer	
Porcelain Veneer	
Porcelain Inlay	
Prosthetic Case	
3d Scanning Services	
Narval CC	
Orthodontic Case	
MD Aligner Case	

Additional Instructions:

Custom made appliance approved for release by: Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dental Appliance  
Information and Delivery Note

## M. D. DENTAL SERVICES (LABORATORY) LTD.

### Your attention is drawn to the following

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.*

### Storing, handling and instructions for use

It is recommended that before use, this dental appliance is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalies or bleaches that could cause physical or chemical damage to the dental appliance. The dental appliance should not be subjected to extremes of temperature during storage. When applicable, you should take care not to damage the dental appliance when removing it from its model.

### ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within 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  
FORM018C\ISSUE\3 MARCH\1998\1997*

### SUBCONTRACTED WORK INSPECTION RECORD

Satisfactory?                      YES                      NO

Inspected by:                      Date:

*Details of unsatisfactory subcontracted work and corrective action taken.*