

Prosthetics Lab Ticket

MHRA 2949

5 Watt Road,
Hillington Park,
Glasgow G52 4RY

 Dental Laboratories Association
Registered Member



LECA
an ALS company

Phone: 0141 883 6111
Fax: 0141 883 3574
Email: info@lecadental.com
Web: www.lecadental.com

| BARCODE - LECA OFFICE USE ONLY | |
|--------------------------------|--|
| | |

| |
|------------|
| DATE REQ'D |
| NHS |
| PRIVATE |

| SPECIAL INSTRUCTIONS |
|---|
| |
| EXPRESS SERVICE REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> |

| |
|-----------------|
| DENTIST: |
| Surgery: |
| Tel: |

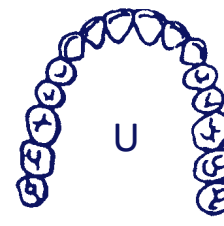
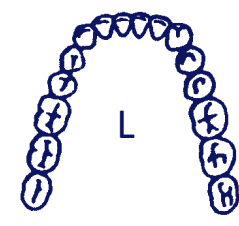
| |
|--|
| PATIENT NAME/ ID: |
| Age: Male <input type="checkbox"/> Female <input type="checkbox"/> |

| DEVICE REQUIRED | | |
|-----------------|---|---|
| ACRYLIC | U | L |
| FULL | U | L |
| PARTIAL | U | L |
| VALPLAST | U | L |
| ORTHODONTIC | U | L |

| | | |
|---------------|-------|-------|
| MAKE OF TEETH | SHADE | MOULD |
| | | |

| REQUIREMENTS | Delivery Date |
|--|--|
| Special Trays U <input type="checkbox"/> L <input type="checkbox"/> | |
| Bites U <input type="checkbox"/> L <input type="checkbox"/> | |
| Try-In <input type="checkbox"/> | |
| Re-Try <input type="checkbox"/> | |
| Finish <input type="checkbox"/> | |
| Finish With: Hi-impact U <input type="checkbox"/> L <input type="checkbox"/> Clear Palate U <input type="checkbox"/> L <input type="checkbox"/> | Gum Staining U <input type="checkbox"/> L <input type="checkbox"/> Ivobase U <input type="checkbox"/> L <input type="checkbox"/> |

| DISINFECTED IN SURGERY | |
|------------------------|--|
| Print Name & Date | |
| Signature | |

| TEETH TO BE EXTRACTED | |
|--|---|
| R | L |
| TEETH REQUIRED ON DENTURE | |
| R | L |
|  |  |

| FOR LABORATORY USE ONLY - QUALITY CONTROL | | | | | | | |
|---|--|--|--|--|--|--|--|
| DATE | Approved for Manufacture by GDC Technician | | | | | | |
| | | | | | | | |

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 of 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. Where applicable, you should take care not to damage the medical device when removing it from its model.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

PATIENT FEEDBACK

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.

PRESCRIBER/DENTIST 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.