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Practice		This is a custom made device for the use of		Date Sent	
Post Code		Patient		Date Req	
Surgeon		Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>		1 DAY BEFORE APPOINTMENT
<div style="display: flex; align-items: center; justify-content: space-around;"><div style="text-align: center;"><div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div><div style="text-align: center;">R</div></div><div style="text-align: center;"><div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div><div style="text-align: center;">L</div></div><div style="border: 1px solid black; padding: 5px;">Desired Shade</div></div>			FOR OFFICE USE ONLY		
			Job Number		
NHS <input type="checkbox"/>		Private Monolithic <input type="checkbox"/>		Private Layered <input type="checkbox"/>	
Special Instructions					
					PRICE £.....
Technique No.		Technician		Contract Review Impression	
				Order Review Model Stage	
STATEMENT This device conforms to the relevant essential requirements set out in Annexe I of the Medical Devices Directive (93/42/EEC). If there are any essential requirements not met they shall be listed below.					
Essential Requirement Not Met			Reasons for Non-Conformance		

THIS IS A NON - STERILE DEVICE

INSPECTION STAGE	
IMPRESSION MODEL METAL WORK PORCELAIN WORK	

APPROVED FOR RELEASE BY

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