

This Device conforms to the relevant essential requirements as set out within annexe 1 of the Medical Devices Directive (92/43/EEC). Relevant essentials requirements not met and reasons why are noted on reverse.

Denture Lab Sheet

[Empty space for notes]

Job Number

Date Received

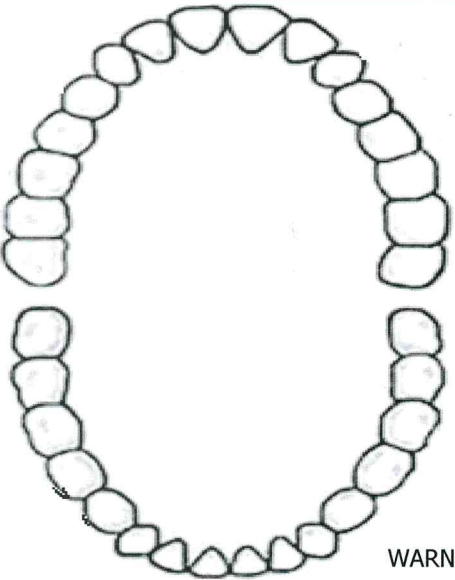
Signed By

Standard: [] Private: []

Patient Name: _____
This is a custom made device for the exclusive use of the patient

Shade:

Bite Block	SP-Tray	Try-In	Re-Try	Finish
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Special Instructions:

WARNING: KEEP AWAY FROM EXTREMES OF HEAT & COLD.