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CA001527

MEDICAL  
 DEVICES  
 AGENCY

THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS AS SET OUT WITHIN ANNEXE OF THE MEDICAL DEVICES DIRECTIVE (93/42/EEC). RELEVANT ESSENTIAL REQUIREMENTS NOT MET AND REASONS WHY ARE NOTED ON REVERSE.

JOB NO.

DATE RECEIVED

Contract Received and Order accepted subject to sight of positive model

PATIENT

Signed .....

**THIS IS A CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF THE PATIENT**

MODEL		IMPLANT		PORCELAIN		OTHER		FINAL INSPECTION & TEST				
DIE		METALWORK		COMPOSITE				DATE				
IMP U/L	T/T	BITE Reg.	OTHER	SHADE		PLEASE TICK <input checked="" type="checkbox"/> BOX FOR SERVICE REQUIRED						
				SHADE		PRIVATE	<input type="checkbox"/>					
						STUMP SHADE		INDEPENDENT	<input type="checkbox"/>			
								STANDARD	<input type="checkbox"/>			
				E-MAX	<input type="checkbox"/>							
						ZR CERAM	<input type="checkbox"/>					
						ZR FULL CONTOUR	<input type="checkbox"/>					
						LAVA	<input type="checkbox"/>					
						PROCERA	<input type="checkbox"/>					
						PMA BONDED	<input type="checkbox"/>					
						NON-PMA BONDED	<input type="checkbox"/>					
						YELLOW GOLD	<input type="checkbox"/>					
						NON-PMA CROWN/INLAY	<input type="checkbox"/>					
						COMPOSITE	<input type="checkbox"/>					
						IMPLANT WORK	<input type="checkbox"/>					
						OTHER	<input type="checkbox"/>					

Delivery Date \_\_\_\_\_

**WARNING - KEEP AWAY FROM THE EXTREMES OF HEAT & COLD**