

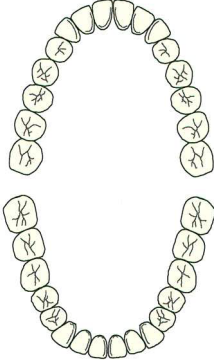


TOOTH FAIRY
Dental Lab Ltd
Suite 3 Pollard Court
359-365 Derby Road
Nottingham NG7 2DZ
T: 0115 8372303
E: toothfairydentallab@gmail.com

Please complete the appropriate sections of this prescription
and return to the address opposite

PATIENTS NAME/ID	NAME OF PRESCRIBER	CLINIC NAME AND ADDRESS (If applicable)
Date Sent:	Date Required:	Lab reference (where applicable)

Type of appliance	Orthodontic	Denture	Metal casting	Crown & Bridge	Bite raiser	Splint
	Obturator	Facial prosthesis	Body prosthesis	Nightguard	Implant	Bleaching

INSTRUCTIONS AND AMENDMENTS RECORD	OUTLINE OF DESIGN REQUIRED 
------------------------------------	---

FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY	
Approved for manufacture by: Sign:	Approved for release by: Sign:
Details of materials etc supplied by prescriber Initials:	Details of any model approval by prescriber Initials:

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 1 of the Medical Devices Regulations

The statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's 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

The 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