

Lab number

**For patient use only** – please complete this section

Your name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prices:**

£50

Please send a cheque payable to:  
 SBO Dental Laboratory Ltd

Tel: \_\_\_\_\_

Date you sent case: \_\_\_/\_\_\_/\_\_\_

Date & time you want denture back:

\_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_ am/pm

- We can post your denture back to you on the same day we receive it.
- We recommend you post your denture to us using registered post

General instructions and or comments:

Specific bullet points which need attention:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**For laboratory use only** – please do not write in this section

1. Date received in laboratory \_\_\_/\_\_\_/\_\_\_

2. Reception reviewed by: \_\_\_\_\_

3. Enclosed: (Enter Number received)

- |                |                          |                        |                          |
|----------------|--------------------------|------------------------|--------------------------|
| Alginate       | <input type="checkbox"/> | squash bite            | <input type="checkbox"/> |
| Rubber         | <input type="checkbox"/> | Models                 | <input type="checkbox"/> |
| Bite fork      | <input type="checkbox"/> | customer's articulator | <input type="checkbox"/> |
| Customer's box | <input type="checkbox"/> | Components             | <input type="checkbox"/> |

5. Approved for manufacture \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

6.	Models	Gold	Ceramic	Prosth.	Chrome
Finished					
Checked					

7. Approved for despatch \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

8. Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Your attention is drawn to the following:

This is a **custom made** dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above **named patient**. This dental appliance is intended for **exclusive use by this patient and conforms to the relevant essential requirements** specified in the Medical Devices Directive and United Kingdom Medical Devices Regulations SI2002 No618

**THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE**