

## PRESCRIPTION FORM t: 0208 381 1249 | s4s.london



## 51 Manor Park Crescent, Edgware, London, HA8 7LY

## DINIZ DETAIN DV OLINIOLANI

PINK - RETAIN BY CLINICIAN	WHITE - SEND WITH IMPRESSIONS
PRESCRIBING CLINICIAN Address:	OCCUPACION INTERPRETARION OF THE PROPERTY OF T
Fel:	SCi+ (lab-made SCi) include protrusive & retrusive bite records  Michigan/Tanner Recommended face bow & CR bite. 2mm open.  Other:
Patient Name/Ref: PO no: PO no:	SNORING/SLEEP APNOEA Sleepwell Silensor please provide protrusive bite record  U L L
Disinfected? U L Contract review 1 QA  Bite Face Bow	Other: please check bite record requirements with laboratory
mpressions:  Contract review 2 Packing	BLEACHING TRAYS Ultraseal U L
Alginate U L L Models:  U L Made by Box numbers  Appliance:	STUDY MODELS
FURTHER INSTRUCTIONS	RETAINERS Essix Retainer  DURATAIN Retainer  U L L  L
	REMOVABLE Hawley Retainer  Removable Appliance c/w 1x Std Exp Screw  URA/LRA Inc. Cribs, Bow, Springs, Acrylic BowU  Other:
Sooo	FUNCTIONAL Twin Blocks  Other:
i i i i i i i i i i i i i i i i i i i	FIXED  Bonded Retainer (wire retainer)  Bonded Retainer c/w Transfer Jig  Bonded Retainer (Rectangle Wire) c/w Transfer Jig  Nance Arch  Lower Lingual Arch  Quad Helix  RME Appliance  Bonded RME Appliance  Other:
	INDIRECT BONDING  Set Up Only (own brackets supplied)  Shark System - Ceramic Metal DLDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD

CLINICIAN SIGNATURE: .....

DATE:

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT: This is a custom-made medical device that has been wholly manufactured within the EU and satisfies the design characteristics and properties specified by the prescriber for the above named patient. This device is intended for exclusive use by this patient and conforms to the relevant essentials requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.