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(PLEASE COMPLETE AS ACCURATELY AS POSSIBLE TO AVOID DELAYS) JOB No.											
SURGEON							DATE SENT			DATE REQUIRED	
						BA	ASIC		INDEPEN		PRIVATE
						C	ROWN		BRIDGE		INLAY/ONLAY
							ZIRCONIA			METAL-CERAMIC	
Custom made device for the exclusive use of: PATIENT							e. MAX			FULL METAL	
						(COMPOSITE			WAX UP	
			AGE		1	TEMPORARY			OTHER		
SPECIAL INSTRUCTIONS: 0000000 Image: Special instruction 0000000											
IMPRESSION		MODELS		STUDY		BITE		EMAIL		PHOTO	SHADE MATCH
U	L	U	L	U	L						
APPROVED FOR MANUFACTURE BY: APPROVED FOR RELEASE BY:											

TECHNICAL COMMENTS & AMENDMENTS:

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by prescriber for the above named patient. This medical device is intended for exclusive use by this patient and conorms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical device that have been repaired and/or refurbished for an individual patient's use. Storing, handling and instructions for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents if form coming into contact with materials, equipment, acids, alkalies 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 damage the medical device when removing it form its model. Where applicable, instructions on how to use or clean this medical device may be obtained from the prescriber.