

Doctor's name: _____ **Case No:** _____

Address: _____

Telephone: _____

Email: _____

Patient details: _____

Date received: _____ *D/M/Y*

Return date: _____ *D/M/Y*

Ship date: _____ *D/M/Y*

Approval for manufacture: _____ *PRINT/SIGN*

Completed by laboratory personnel

Approved for release by: _____

Date: _____ *D/M/Y*

Origin of Manufacture: _____

Address: _____

Your attention is drawn the the following statement: 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 relevant essential requirements.

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

Storing, handling and instruction for use: It is recommended that before use, this medical device is stored in a clean and safe environment that prevents it from contacting with materials, equipment, acid, 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 to damage the medical device when removing it from its model. Where applicable, instructions on how to use or clean this medical device may be obtained from the prescriber.

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our services:



HowLite Dental Laboratory

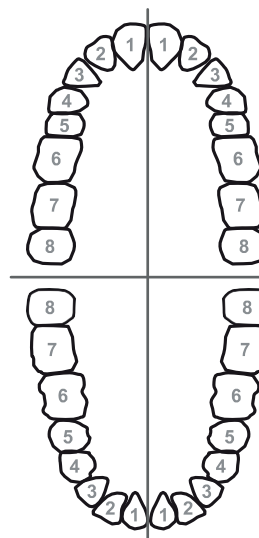
Temperance House, Pitt Street, Barnsley, S70 1AL

Tel: +44 114 230 0074

Email: amir@howlitelabs.co.uk

Product: _____

Instructions: _____



The person signing this authorisation and/or the dental practice accepts responsibility for payment over the related charges and agrees to pay all legal and collection costs in the event the account is in collections or litigation, including reasonable fees.

