

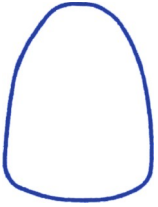
Absolute Dental
 117c London Road
 Knebworth
 Herts SG3 6EX
 Tel: 01438 214738
 info@absolutedental.org.uk



Job No.
 (invoice No.)

Box No.

Prescribing Dentist Surgery Address	Patient Details
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Please Tick Material Type	Date Required										
Pressed Ceramic											
Zirconia											
Composite											
Bonded Ceramic											
Ceramic Only											
Alloy White											
Alloy Yellow											
Metal Only											
Please Tick Restoration Type							Always put one full working day before appointment				
Implant											
Crown											
Bridge											
Onlay/Inlay											
Veneer											
Post n Core											
Maryland											
Other											
Review requirements	Imp	Algi	Bites	Models	Other	Invoice Total					
Approved by:											
Final Inspection. Approved for release	MT	GT	PT	CT	GW						
Date											

This device conforms to the relevant essential requirements as set out within Annexe 1 of the Medical Device Directive (93/42/EEc). Relevant essential requirements not met and reasons why are listed. THIS IS A CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF THE NAMED PATIENT AND IS SUPPLIED IN AN UNSTERILISED STATE.