**Presciption for Private Vitallium Cobalt Castings**

# ADVANCED CHROME DESIGN

**DENTAL LABORATORY OF TUNBRIDGE WELLS**

*The Coach House, 46a Quarry Road*
*Tunbridge Wells, Kent TN1 2EZ*
*Phone:* ***01892 541042 / 01892 676138***
*email: acd46@live.co.uk*

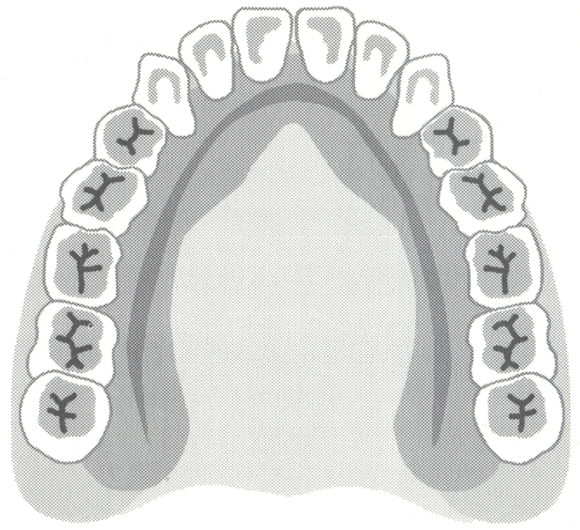
Client's Name & Address

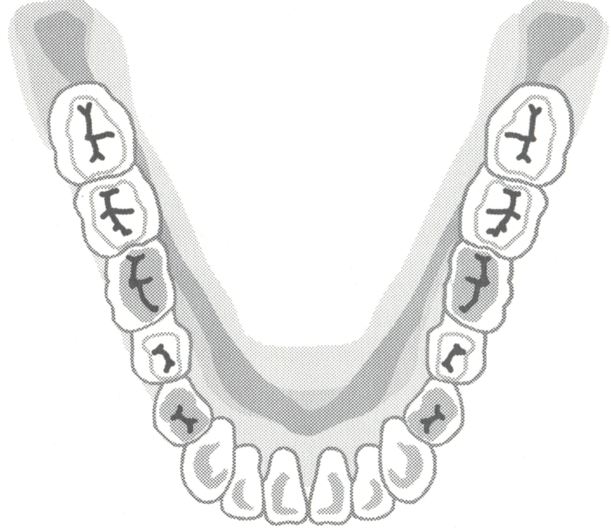
Patient's Name

Date Sent / /  Date Required / /

| | |
|---|---|
| Teeth to be replaced | |
| Clasps required | |
| Rests required | |
| If **NO** clasps required write **NONE** | |
| Tooth coloured clasp shade | |

Client's Instructions:





**Type of connector**

| Upper | | Lower | |
|---|---|---|---|
| Full Plate | ☐ | Full Plate | ☐ |
| Horse Shoe Plate | ☐ | Plate | ☐ |
| Horse Shoe (Gingival Free) | ☐ | Lingual Bar | ☐ |
| Double Bar (Gingival Covered) | ☐ | Lingual Bar (con't Clasps) | ☐ |
| Double Bar (Gingival Free) | ☐ | Labial Bar | ☐ |

**Enclosures (Please tick)**

Upper Model ☐  Lower Model ☐  Bite Block ☐

MDD CA 001405

All metals conform to ISO 9002/MDD (93/42/EEC)

**Office use only**  Case No.

Authorised
Designed  Finished
Waxed  Checked

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 the prescriber for the above named patient. This medical device is intended for the exclusive use by this patient and conforms to the relevant essential requirements specified in Annex I 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 patent's use.