

| tel: 07473705557 | email: | elvincisal@a | gmail.com | ww | w.Elvin <mark>l</mark> i | ncisal. | co.uk |
|--------------------|--------|--------------|-----------|-----|--------------------------|---------|-------|
| Unit 11, Cholswell | Court | Shippon | Abingd | lon | OX13 | 6НХ | Uf |
| | | | | | | | |

Box no Lab job no Account no

| Patient Ref: _ | | | Dr |
|--|---|--|---|
| Male | Female | Age | Address: |
| Have patient's c | onsent to use abou | ve information: | |
| Sent Date | Return Date | e App Date | |
| | | Time: | Signature: |
| een manufactured to satisfy er for the above-named pa | the design characteristics at tient. This medical device general safety and perform | his is a custom-made device that ha nd properties specified by the prescri is intended for exclusive use by this ance requirements specified in | Tol. |
| | | | |
| Standard of wo | | | ns been wholly manufactured within the UK. hired and/or refurbished for an indivual patient's use. |
| Scans: | | Lab Use only: | |
| | | | |
| Imp. Disinfect | ed: | | |
| U Impressions | s: | | |
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| U Impressions L Impressions U Models: L Models: | s: | | |
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| U Impressions L Impressions U Models: L Models: Bite: Bite fork: Photos: | s: | Materials used: | |





Registered with Dental Council

| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Γ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |

| Tooth Shade | Stump Shade | | | | | |
|-------------|-------------|--|--|--|--|--|
| | | | | | | |
| | | | | | | |

| Devices returned by Elvin Incis | al are supplied in a nor | -sterile condition. |
|---------------------------------------|--|---------------------|
| Instructions: | | |
| Material: | | |
| Zirconia | | |
| LithiumDisilicate Non-Precious | | |
| Precious | | |
| Composite | | |
| Туре: | | |
| Monolithic | | |
| Layered Temporary | | |
| Maryland | | |
| Implant specs: | | |
| Screw Ret. | | |
| Cement Ret. | | |
| 3rd Party Comp. OEM Comp. | | |
| Miscellaneous: | | |
| Digital Wax-up | | |
| Smile Design | | |
| Hand Waxup | | |
| Printed Try-in | | |
| ☐ Articulation | | |
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Standard Terms&Conditions Apply

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance patients should direct any queries regarding the fit or performance of this appliance to the prescribing dentist.