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PRESCRIPTION FORM FOR **CUSTOM-MADE MEDICAL ADVICE**

PRESCRIBING CLIENT AND ADDRESS					
For the exclusive use of (Patient Name):		Male:	Female:		
Date:		Case No: _			
PLEASE ALLOW 5 WORKING DAYS IN THE LABORATORY					
Delivery Date: Bite:			Date and Time:		
Try:Retry:Finish:					
Standard:	Independent:	Deluxe:	Premium:		
Type of appliance:					
Acrylic Denture:	Chrome C	obalt:	Flexible:		
Special Tray:	Orthodonti	c: \$	Splint:		
Other:					
Description of Device: Tooth Mould:		Shade:			
		7654221	1234567		
			1234567		
			pe replaced		
		Clasps	required		
(F)		Rest r	equired		
Ö Joood		DAMA Dental Appliance Manufacturers Audit Sys MHRA Ref			

PLEASE DO NOT PUT PRESCRIPTION IN DIRECT CONTACT WITH IMPRESSIONS
MEDICAL DEVICE IS SUPPLIED IN AN UNIVERSITY OF STATE

COMMENTS

APPROVED FOR MANUFACTURE BY:	
Sign:	

APPROVED FOR RELEASE BY:	
Invoice:	

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 exclusive use by this patient and conforms to the applicable general safety and performance requirements specified in the UK & EU Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an

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 it from coming into contact with materials, equipment, acids 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.

Origin of manufacture declaration: This complete appliance has been wholly manufactured within the UK & EU.

Prescriber feedback: To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.