ARTISAN
DENTAL STUDIO

This is a custom made device exclusively for:

Patient/ID: ----------

Age/D.O.B: ----------

Clinician: ----------

Practice: ----------

Date started: ----------

Male ☐ Female ☐

Job No. 08300

Shade: ----------

Picture sent ☐

In Lab ☐

Other: ----------

Instructions:

Further instructions/amendments:

Type of restoration

Zirconia ☐

Emax ☐

Composite ☐

Screw / cement retained

Other: ----------

PRESCRIBER FEEDBACK: To enable our lab to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) asap.

Return Dates

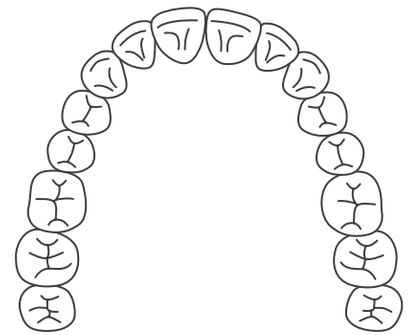
· Special tray

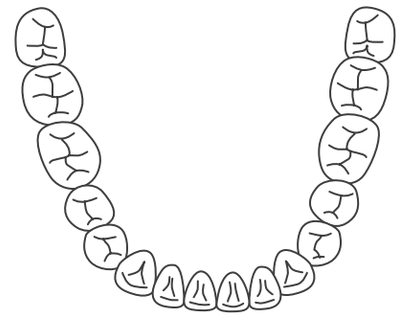
· Occlusal Records

· Try-in

· 2nd try-in

· Finish





Enclosures

LAB USE ONLY

Disinfected by ☐

Models x ☐

Impressions x ☐

Occlusal Records x ☐

Other: ----------

FIELDS BELOW TO BE COMPLETED BY LAB PERSONNEL ONLY

Sign & Date:

Approved for manufacture:

Sign & Date:

Approved for release:

admin@artisandentalstudio.co.uk Main: +44 (0)1454 804 140 Mobile: +44 (0)7954 343 298

Unit 5, Manor Farm Buildings, Churchend, Charfield, Wotton-Under-Edge, GL12 8LJ