



**ST NINIAN
HOUSE**

treatment rooms

Dentures by
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MDA Reg No. CA007182

DENTIST:

This is a custom made device for the exclusive use of:

PATIENT:

AGE:

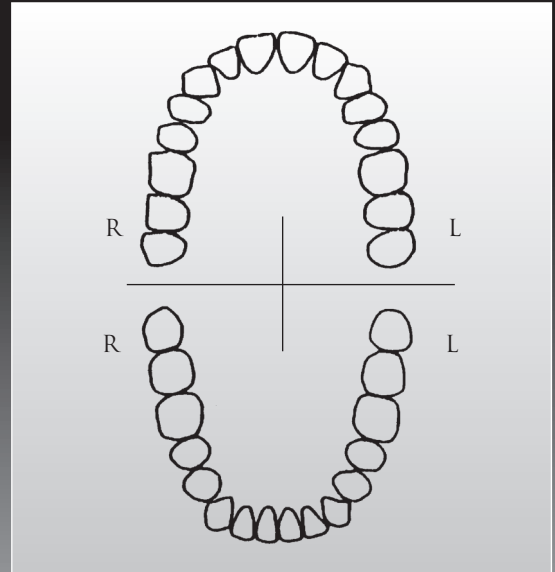
SEX:

QUALITY CONTROL:

This custom made device is for the exclusive use of the patient named above and conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC)

All goods are supplied in a non-sterile condition unless otherwise stated should not be subjected to extremes of hot and cold.

Any relevant essential requirements that have not been met will be listed overleaf with a description of the reason.



SPECIAL TRAY DATE REQUIRED	/	/
BITE REG. DATE REQUIRED	/	/
YEMM COPY DATE REQUIRED	/	/
WAX TRY-IN DATE REQUIRED	/	/
RE-TRY DATE REQUIRED	/	/
FINISH DATE REQUIRED	/	/
SUNDRIES REQUIRED		
HIGH IMPACT		
CLEAR PALATE		
SOFT RELINE		
RELINE		
REPAIR		

SHADE: MOULD: MAKE:

PRIVATE LIVING
RANGE

PRIVATE MID
RANGE

STANDARD

NHS

LABORATORY FEE:

JOB NO:

CASE INSTRUCTIONS

Please return this prescription to the Laboratory after the device is fitted.
Thank you for using our services