

PRACTICE NAME:

PRESCRIBER:

PATIENT NAME/ID:

D.O.B:  /  /   F / M  NHS  Private

IMPRESSION DATE:  /  /

### PROSTHETIC

7 workings days for each prosthetic stage, 10 working days for chrome and flexi

Date In Lab				Date Required
<input type="text"/>	Special Trays	<input type="text"/> U	<input type="text"/> L	<input type="text"/>
<input type="text"/>	Bite Blocks	<input type="text"/> U	<input type="text"/> L	<input type="text"/>
<input type="text"/>	Try-Ins	<input type="text"/> U	<input type="text"/> L	<input type="text"/>
<input type="text"/>	Re-Try	<input type="text"/> U	<input type="text"/> L	<input type="text"/>
<input type="text"/>	Finish	<input type="text"/> U	<input type="text"/> L	<input type="text"/>

**ACRYLIC**

**CHROME**

**FLEXI**

**ADD** **REPAIR** **RELINE** Date Required:  /  /

TOOTH SHADE:

IMMEDIATE TOOTH ON:

CLASP ON:

### ORTHODONTIC

5 workings days for all orthodontic appliances

<input type="text"/> U	<input type="text"/> L	Essix Retainer
<input type="text"/> U	<input type="text"/> L	Fixed Bonded Retainer
<input type="text"/> U	<input type="text"/> L	Bleaching Tray
<input type="text"/> U	<input type="text"/> L	Night Guard <i>soft/hard/dual</i>
<input type="text"/> U	<input type="text"/> L	Sports Guard
<input type="text"/> U	<input type="text"/> L	Removable Appliance
<input type="text"/> U	<input type="text"/> L	Fixed Appliance
<input type="text"/> U	<input type="text"/> L	Functional Appliance

Date Required:  /  /

### DIGITAL

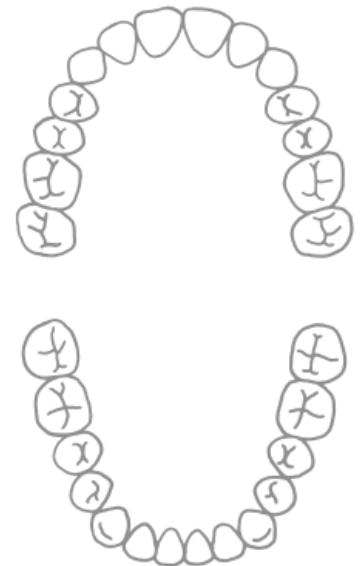
email STL files to [digital@dawidental.co.uk](mailto:digital@dawidental.co.uk)

U  L 3D Printed Model

Also connect with us on [Medit Link](#) and [DS Core](#).

### INSTRUCTIONS

WhatsApp Conversation  Y



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DISCLAIMER: 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 individual patient's use.  
STORING, HANDLING AND INSTRUCTIONS: 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 and supplied in non-sterile state  
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.