LAB USE ONLY

Date Received _____

Job No. _____

Job Type _____

_____

Material _____

ALMA Dental Laboratory

DAMAS
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Salford M50 2QL
TEL 0161 848 7289
Email:- almadental@yahoo.com
Email:- almadigital03@yahoo.com

PROSTHETICS
SPECIFICATIONS

CLIENT DETAILS

NAME

SURGERY NAME/AREA

PATIENT DETAILS

NAME/ID

AGE

	DATE REQUIRED	IN SURGERY DECON BY
SPECIAL TRAYS		
BITE		
TRY		
RE-TRY		
FINISH		

INDEPENDENT ☐ PRIVATE ☐ NHS ☐

UPPER						
Full	Partial	Acrylic	Chrome	Flexi	Splint	
☐	☐	☐	☐	☐	☐	

LOWER						
Full	Partial	Acrylic	Chrome	Flexi	Splint	
☐	☐	☐	☐	☐	☐	

Mould	SHADE

AMENDMENTS - LAB USE ONLY

SCAN INFORMATION
DIGITAL SCAN SENT ☐

Subcontracted Work Inspection Record

Satisfactory YES NO

Inspected By: Date

Details of unsatisfactory subcontracted work and corrective action taken

APPROVAL FOR MANUFACTURE

DATE

*Detailed in amendments

ENCLOSURES

- RUBBER UPPER ☐
- RUBBER LOWER ☐
- ALG UPPER ☐
- ALG LOWER ☐
- BITE ☐
- PHOTO ☐
- JIG/FACEBOW ☐

OTHER

Imps	
SP Trays	
Final Imp	
Reg Block	
Try In	
Re-Try	
Finish	

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU

YES ☑ NO ☐

MHRA N0. 1375

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the design characteristics the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to general safety and performance requirements spcified in Annex 1 of the Medical Devices Regulations.
This Statement does not apply to medical devices that have been repaired and or refurbished for a patient's use.

This Device is returned non sterile. Do not expose appliance to extemes of temperatures

Prescriber Feedback

To enable our Dental Laboratory to comply with the Medical Devices Regulation for Post Market Surveillance, please of any feedback or issues the enclosed device (s) as soon as possible.