

R-Tech

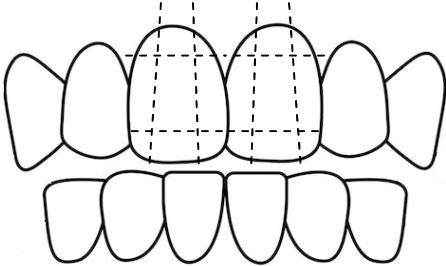
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All fields must be complete in Full and without abbreviation in order to comply with Medical Devices Directive.

PRESCRIBING DENTIST				DATE DISPATCHED	DATE REQUIRED + APPT TIME
CLINIC NAME & ADDRESS				STANDARD	PREMIUM
TELEPHONE NUMBER				IMPRESSIONS DISINFECTED IN THE DENTAL SURGERY	
				DATE/...../..... INITIALS	
PATIENTS NAME/ID				1	2
Models	Posts	Imps	Other		
				4	3
INSTRUCTIONS/SHADE					
					
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.					
By the submission of this prescription to the laboratory, the 'Prescribing Dentist' as mentioned above agrees to the Terms and Conditions of R-Tech Dental Ceramics Ltd. Terms and Conditions can be found on our website at www.rtechdental.co.uk/terms-and-conditions					
Approved for Construction (Lab Approved)	Approved for Construction (Prescriber)	Metal/Foil	Wax	Ceramic	Polish
				Vac	FOR LAB USE ONLY FINAL INSPECTION AND RELEASED BY