



Arrow

ORTHODONTICS



**NHS
SERVICE**

Unit 3, Woodview Business Centre,
Lockwood Close, Nottingham NG5 9JN
Telephone: 0115 920 2020 www.arroworthodontics.com

MHRA No. CA 007930
DAMAS No. 070160

Date Sent Date Required

Dentist's Name GDC No.

Address

..... Practice No.

Custom-made device for the
exclusive use of

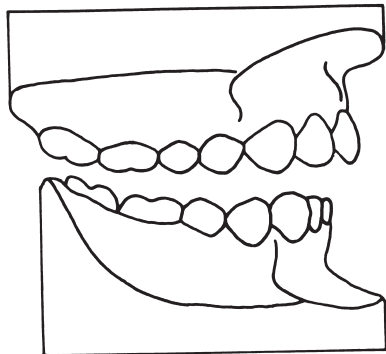
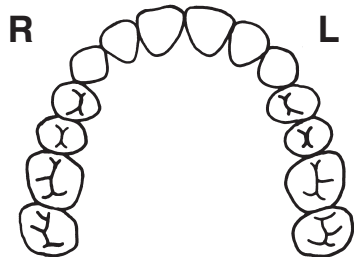
Patient's D.O.B. M/F Patient's Ref. No.

IMP. DISINFECTED
REMOVABLE

BITE SENT
FIXED

FUNCTIONAL
STUDY MODELS

UPPER/LOWER APPLIANCE REQUIREMENTS



PATIENT STATEMENT

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 relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

THIS APPLIANCE IS SUPPLIED IN A NON-STERILE STATE

| | |
|--------------------------------|--------------|
| Office use only | |
| reviewed and accepted by | |
| date | |
| signed | |
| Prescription alteration | |
| date | |
| signed | |
| <input type="checkbox"/> | made by |
| <input type="checkbox"/> | imp. cast |
| <input type="checkbox"/> | wire work |
| <input type="checkbox"/> | acrylic/pol. |
| Final check made | |
| Signed | |



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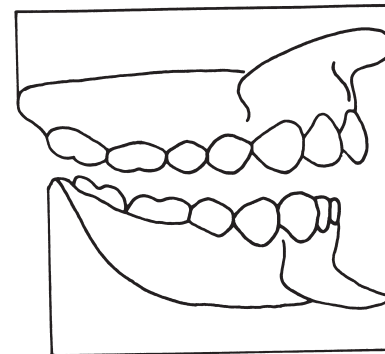
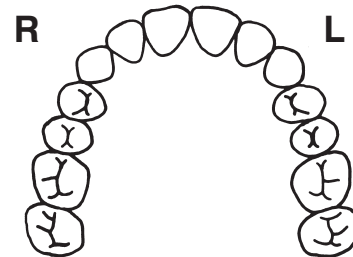
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