



RADIANT
DENTAL LABORATORY

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MONKS WELL HOUSE
MANSE LANE
KNARESBOROUGH
HG5 8NQ
01423 869412
07447455957
INFO@RADIANTDENTALLAB.COM

Dentist: _____
Address: _____

PATIENT DETAILS M F

Name _____

PATIENTS APPT DATE + TIME _____

INCLUDED WITH CASE

Silicone	U/L	<input type="checkbox"/>	Study Models	<input type="checkbox"/>
Alginate	U/L	<input type="checkbox"/>	Diagnostic	<input type="checkbox"/>
Bite		<input type="checkbox"/>		

APPROVED FOR MANUFACTURE

Signed: _____

Stage / Check		Models	
Disinfection	<input type="checkbox"/>	Ceramic	<input type="checkbox"/>
Frame	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Glaze	<input type="checkbox"/>		

APPROVED FOR RELEASE

Signed _____

SIGNATURE OF DENTIST + DATE

CALL BEFORE PROCEEDING

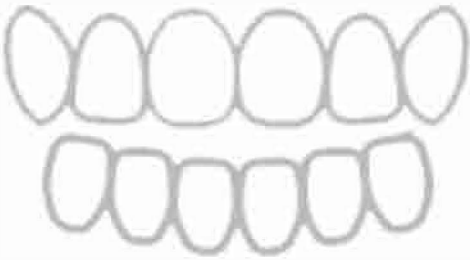
Standard / NHS Premier Radiant Smile

TYPE OF RESTORATION

Radiant Press / e.max Zirconia
PFM Full Metal Other

18	17	16	15	14	13	12	11		21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38

**CHARACTERISATION.
SHADE.**



Instructions and Expectations

MHRA: 4388

YOUR ATTENTION IS DRAWN TO THE FOLLOWING:

This is a custom made dental appliance that has been manufactured to satisfy the attributes, characteristics, property and features specified by the client for the above patient. The dental appliance is intended for the 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 REPAIRS AND PRE MOUTHGUARDS.

STORING, HANDLING AND INSTRUCTIONS FOR USE.

It is recommended that before using this dental appliance it is stored in a clean and safe environment that prevents from coming into contact with materials, equipment, acids, alkalis or bleaches that could cause physical or chemical damage to the dental appliance. This dental appliance should not be in extreme room temperatures during storage.

THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE