



**RADIANT**  
DENTAL LABORATORY

**RADIANT DENTAL LABORATORY**  
MONKS WELL HOUSE  
MANSE LANE  
KNARESBOROUGH  
HG5 8NQ  
01423 869412  
INFO@RADIANTDENTALLAB.COM

Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_

**PATIENT DETAILS** M  F

Name / ID \_\_\_\_\_

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

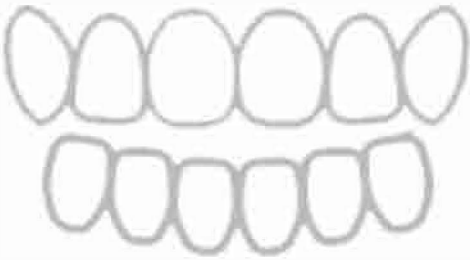
Standard / NHS  Premier  Radiant Smile

**TYPE OF RESTORATION**

Radiant Press	<input type="checkbox"/>	Zirconia	<input type="checkbox"/>
PFM	<input type="checkbox"/>	Full Metal	<input type="checkbox"/>
		Other	<input type="checkbox"/>

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 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 general safety and performance requirements specified in Annex I of the 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**

**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.