



RADIANT
DENTAL LABORATORY

RADIANT DENTAL LABORATORY
Unit 5 Halfpenny Close
Knaresborough
North Yorkshire
HG5 0TG
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

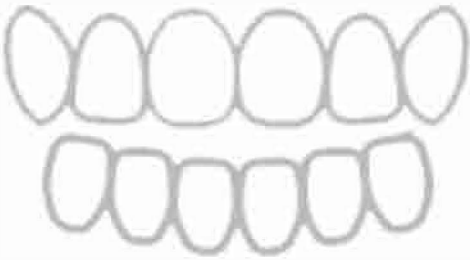
Standard / NHS Premier Radiant Smile

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.