Prosthetics

MHRA 4897

Job No:			
Prescribing De	ntist's Name:		
Practice Address:			
Patient Name	/ ID:	Age	



Unit 8, Samara Business Park,
Cavalier Road, Heathfield Industrial Estate,
Newton Abbot, Devon TQ12 6TR

Phone: 01626 833633

Email: info@iwdental.co.uk

Web: www.iwdental.co.uk

Please date day before required

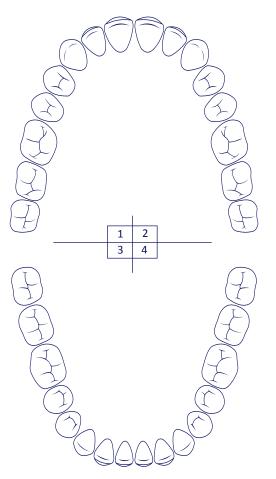
PROSTHETICS	Date required	
Special trays		
Bite blocks		
Try In		
Retry		
Finish		

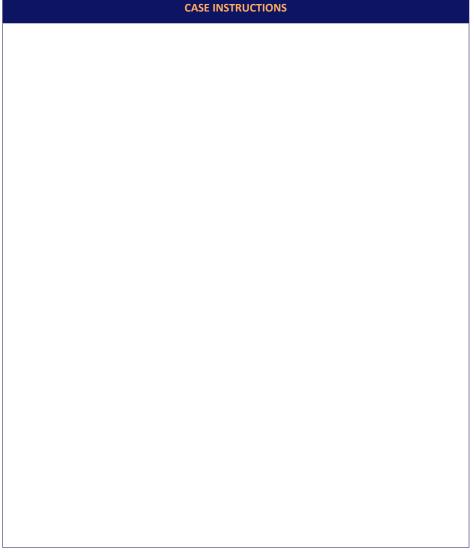
CHROME COBALT		Date required
Metal framework with teeth		
Metal framework only		
Acetal Resin clasps		

Shade	

ORTHODONTIC	Date required	
Study Models		
Appliance		

This device(s) meets the requirement of the Medical Devices Directive (93/42 EEC)









Prescriber Feedback To enable our 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