



PRIORY CHROMES



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IMPORTANT: PLEASE TICK LEVELS

Cobalt Chrome	Premium	Premium Plus	Case No.
Prosthetic	LEVEL 1	LEVEL 2	LEVEL 3



**VITALIUM
CHROME COBALT
SERVICE**

DATE: _____

ADDITIONAL INSTRUCTIONS

CUSTOM MADE DEVICE FOR
THE EXCLUSIVE USE OF PATIENT



PRESCRIBING DENTIST/CLIENT

N.B.: ANY IMMEDIATE TEETH - PLEASE MARK WITH X

ADDRESS

UPPER	
LOWER	

TEETH MAKE _____

MOULD _____ SHADE _____

DELIVERY DATES

MODELS _____

SPECIAL TRAYS _____

BITE _____

C/C FRAMEWORK _____

SET UP _____

RE-TRY _____

RE-TRY _____

FINISH _____

STATEMENT OF CONFORMITY:

This Device conforms to the relevant essential requirements set out in annex 1 of the Medical Devices Directive (93/42/EEC) Those relevant essential requirements not met and reason why are listed overleaf.

Registration No. Ca. 000706

NOTES (FOR OFFICE USE ONLY PLEASE LEAVE CLEAR)