TOPLABS
PROSTHETICS
EST 1993

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MHRA No. 3625

Job No.

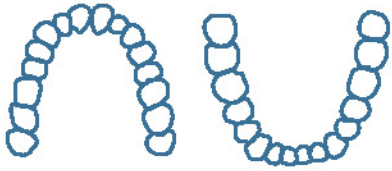
DAMAS

Surgeon / Clinic	This is a custom made device for the exclusive use of Patient:-

Date Sent ...../...../.....	Male ☐	Female ☐	Date of Birth ...../...../.....

Non Sterile Device	NHS ☐ Ind ☐ Private ☐	Shade

Requirements



Notation .....

Special Tray Upper		Lower		Approved for manufacture by:
Contract Review Impression				*Sign:*
	Date	Technician		Details of materials etc supplied by prescriber
Bite				*Initial:*
Try-in				Approved for release by:
Re-try				*Sign:*
Finish				Details of any model approval by prescriber
Tick for Costing ☐				*Initial:*
£				Final Inspection and Delivery

Your attention is drawn to the following statement: This is a custom-made medical 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 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 medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, Handling and Instructions for use: It is recommended that before use this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalies or bleaches that could cause physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage. Where applicable you should take care not to damage the medical device when removing it from its model. Where applicable instructions on how to use or clean this medical device may be obtained from the prescriber.