



LAB USE ONLY

■ CASE NO

**DENTAL IMPLANTS ■ RESTORATIVE & COSMETIC DENTISTRY**

209 RAYLEIGH ROAD ■ HUTTON ■ BRENTWOOD ■ ESSEX ■ CM13 1LZ ■ 01277 222882  
www.wadedl.com info@wadedl.com

■ PRESCRIBING DENTIST		■ CLINICAL ADDRESS	
■ PREP DATE	■ PATIENT'S NAME <small>custom made device for the exclusive use of</small>		■ AGE M / F
■ DATE REQUIRED	■ DEVICE		■ CADCAM YES / NO
■ SHADE	■ STUMP SHADE	■ PHOTOGRAPH / X-RAY ENCLOSED / EMAIL	
<input type="checkbox"/> WE CONFIRM THE PATIENT IMPRESSIONS SUPPLIED HAVE BEEN DISINFECTED IN ACCORDANCE WITH THE CURRENT GUIDELINES			

UR8	UR7	UR6	UR5	UR4	UR3	UR2	UR1	UL1	UL2	UL3	UL4	UL5	UL6	UL7	UL8
LR8	LR7	LR6	LR5	LR4	LR3	LR2	LR1	LL1	LL2	LL3	LL4	LL5	LL6	LL7	LL8



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LR8	LR7	LR6	LR5	LR4	LR3	LR2	LR1	LL1	LL2	LL3	LL4	LL5	LL6	LL7	LL8

FOR LABORATORY USE ONLY

STAGE	BK IN	IMP	MODEL	DIE	SCAN	METAL	PORC	INSP	INV	ALLOY
TECH										
DATE										

When signed in this box by Wade Dental Laboratories Limited the device(s) meets the relevant essential requirements (unless shown differently overleaf) of the Medical Devices Directive and this is the statement for that purpose. MDD No. CA 002617

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