





## 18 HAMILTON ROAD, BANGOR BT20 4LE. www.tottenandconnolly.co.uk

## TEL/FAX: (028) 9127 1505

Patient's Name				
Dentist's Name				
Charting		Shade		
		Mould		
	_			
Private Ind. N.H.S.			LAB USE	
	Date		ONLY	
Bites & trays				
_				
Try-in				
Re-try				
§				
Finish		-		
		*.		
Further Instructions	*			
CONTRACT REVIEWED AND ORDER ACCEPTED SUBJECT TO SIGHT OF POSITIVE MODEL	SIGNED	DATE		
This is a custom made device for the exclusive use of the abo This device meets the relevant essential requirements of the I differently overleaf) and complies with the final review procede	ve named patien Medical Devices I	it. Directive (unle	ess shown	
Released by:				