



Arrow

ORTHODONTICS



MHRA No. CA 007930

NHS
SERVICE

16b Westdale Lane East, Carlton, Nottingham NG4 3JA
Telephone: 0115 940 4545 www.arroworthodontics.com

Date Sent Date Required

Surgeon's Name Job No

Address

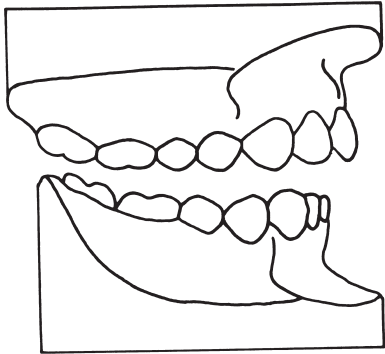
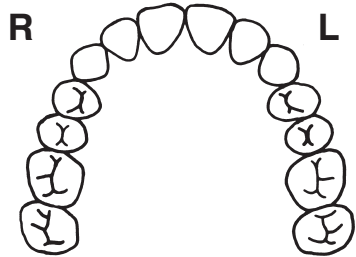
.....
custom-made device for the
exclusive use of

IMP. DISINFECTED
REMOVABLE

BITE SENT
FIXED

FUNCTIONAL
STUDY MODELS

UPPER/LOWER APPLIANCE REQUIREMENTS



PATIENT STATEMENT

This is a custom-made medical device 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.

THIS APPLIANCE IS SUPPLIED IN A NON-STERILE STATE

Office use only	
reviewed and accepted by	
date	
signed	
Prescription alteration	
date	
signed	
	made by
imp. cast	
wire work	
acrylic/pol.	
Final check made	
Signed	



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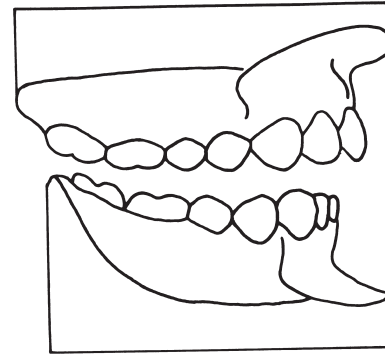
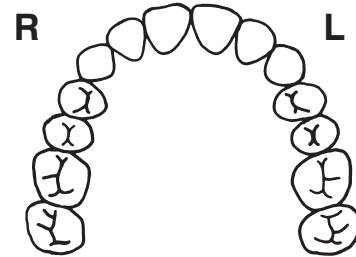
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