



# Arrow ORTHODONTICS



16b Westdale Lane East, Carlton, Nottingham NG4 3JA  
Telephone: 0115 940 4545 [www.arroworthodontics.com](http://www.arroworthodontics.com)

MHRA No. CA 007930

Date Sent ..... Date Required .....

Surgeon's Name ..... Job No .....

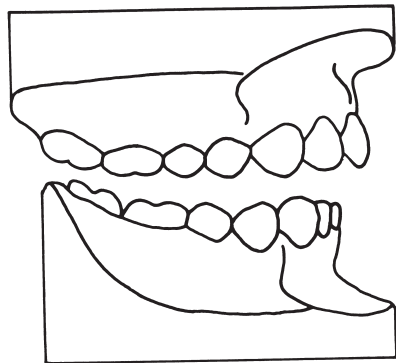
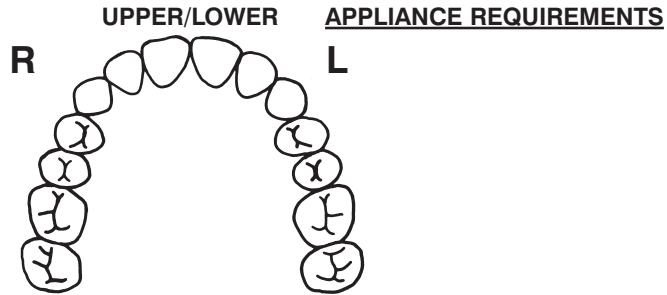
Address .....

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

IMP. DISINFECTED   
REMOVABLE

BITE SENT   
FIXED

FUNCTIONAL   
STUDY MODELS



**STATEMENT**  
When final check is signed by the Dental Laboratory this device conforms to the relevant essential requirements set in Annex I of the Medical Directive (93/42/EEC)

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

**THIS APPLIANCE IS SUPPLIED IN A NON-STERILE STATE**



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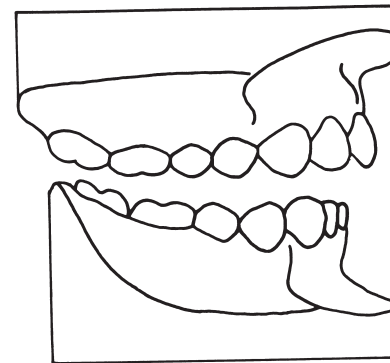
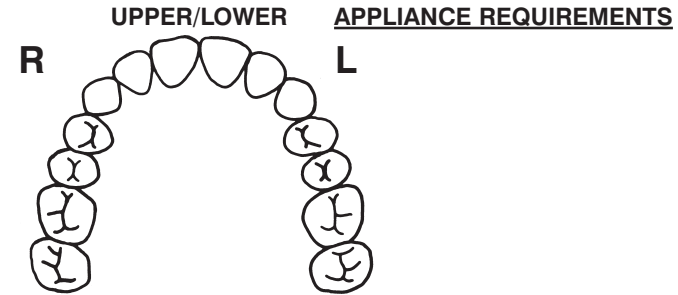
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