



TDK LAB

STANDARD ☐ PREMIUM ☐

PHONE : 01622231389 EMAIL : info@tdklab.co.uk

THIS SECTION MUST BE COMPLETED TO FULFIL YOUR ORDER

Doctor's Name: Email:

Address: Phone:

..... Post Code:

Lab Ref : 	Scan Number : 	Patient ID :
Return Date Allow 14 Days from receipt 	Male ☐ Female ☐ Age: Date received by Lab 	

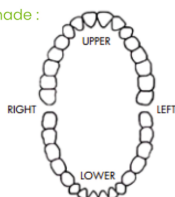
STAGE ONE

SERVICE REQUIRED:

- ☐ Bite Block
☐ Special Tray
☐ Study Models

Return Date:

Shade :



Notes :

STAGE TWO

☐ Try-In

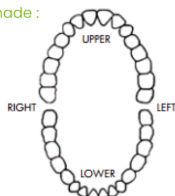
Please illustrate any special
design requirements

Metal Framework:

- ☐ Chrome Cobalt ☐ Aesthetic
☐ Vitalium ☐ Metal

Return Date:

Shade :



Notes :

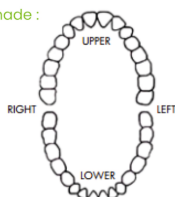
STAGE THREE

FINISH:

- ☐ Acrylic
☐ Valplast

Return Date:

Shade :



Notes :

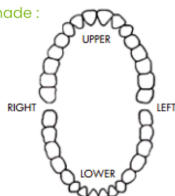
STAGE FOUR

OTHER SERVICES :

- ☐ Polish ☐ Reline
☐ Night Guard ☐ Repair
☐ Whitening ☐ Addition

Return Date:

Shade :



Notes :

This custom-made medical device has been manufactured according to the design specifications provided by the prescriber for the named patient. It is intended exclusively for this patient and complies with the General Safety and Performance Requirements outlined in Annex I of the Medical Devices Regulations. Manufacturing was carried out by **TDK LAB LTD** and/or **New Star Dental Lab** (1/F, 41 Ma Wan New Village, Pamei Road, Tung Chung, Lantau Island, Hong Kong), with final inspection by **TDK LAB LTD**, acting as the UK Responsible Person. If any materials were supplied by the prescriber, full compliance with essential requirements cannot be guaranteed. However, a risk assessment has determined minimal risk, based on the prescriber's professional responsibility to provide materials from CE-marked or appropriately registered sources.