

Dentist/Dental Practice:

## Platinum Approved Lab By Straumann

## **Quality-Services**

Tel: 02082059218. Mobile: 07834422131 e-mail: fidentlab@gmail.com

Patient:

Unit 3 Hurricane Trading Centre

Avion Crescent

Grahame Park Way

London NW9 5QW

Tel:					
Shade:		Date sent:		Date required:	
Instructions:			0.7 ( 7 1 2 2	. 1 .	221777
				21 12345678	
			8765432	1 1	2 3 4 5 6 7 8
Approved by:		Dispatched by	·•		
This is a custom-made dental a	ppliance that has been manufactured to satisfy the	attributes, characteristics, pro	operties and features	specified	by the prescriber for
the above named patient. This appliance is intended for exclusive use by this patient and conforms to the relevant essential requirements specified the Medical Devices Directive (93/42EEC) and the United Kingdom Medical Devices regulations 2007/47/EC CA011557  Invoice:					- Truncae i oi
invoice.					
Date:					
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