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CERAMEUS DENTAL LABORATORY SERVICES

PRESCRIPTION FORM/PATIENT STATEMENT

THIS IS A NON-STERILE CUSTOM-MADE DEVICE FOR THE EXCLUSIVE USE OF THE PATIENT NAMED BELOW. THIS DEVICE HAS BEEN MANUFACTURED TO SATISFY THE DESIGN CHARACTERISTICS AND PROPERTIES SPECIFIED BY THE PRESCRIBER FOR THE PATIENT NAMED BELOW, THIS DEVICE CONFORMS TO THE RELEVANT ESSENTIAL REQUIREMENTS SPECIFIED IN ANNEX 1 OF THE MEDICAL DEVICE DIRECTIVE (93/42 EEC) AND THE UK MEDICAL DEVICES REGULATIONS. THIS STATEMENT DOES NOT APPLY TO MEDICAL DEVICES THAT HAVE BEEN REPAIRED AND/OR REFURBISHED FOR AN INDIVIDUAL PATIENT'S USE

LAB USE ONLY

TICKET No ..... LAB REF.....

DENTIST

NAME ..... PRACTICE ..... ADDRESS ..... POST CODE ..... TEL .....

ORDER

ORDER DATE ..... TRY-IN ..... RETRY ..... RETRY..... FINISHDATE.....

PATIENT

NAME.....

MALE  FEMALE  AGE.....



Baltic Denture System

OPTIONAL CORRECTIONS

- Correction of midline [X] \_\_\_\_\_mm  patient right  patient left
Correction of incisor edge [Y] \_\_\_\_\_mm  anterior  posterior
Correction of visibility of teeth [Z] \_\_\_\_\_mm  cranial  mandibular

DENTURE PROCEDURES

- Scan  Mill  Design  Finish  3D printed Try-in  Implant overdenture

LOAD BASE COLOUR

- Pink  Dark Pink

VITA CLASSICAL SHADE

: ..... \*Further shades BL1-BL4 are available but may require longer delivery times



INSTRUCTIONS

The enclosed items have been disinfected in accordance with professionally recognised guidelines at the surgery

SIGNATURE: \_\_\_\_\_