

J.S.L

DENTAL LABORATORY

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Surgeon:

Patient:

Male: Female: Age:

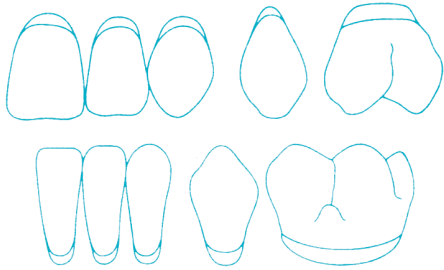
Private: NHS:

Date of fit: Time:

Shade:

Type of work:

Stains and Characterisations:



Charting: please circle relevant

R	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

Extra notes/instructions:

straumann



PLATINUM
TECHNICIAN



Model check:	<input type="checkbox"/>
Metal check:	<input type="checkbox"/>
Porcelain check:	<input type="checkbox"/>
Final check:	<input type="checkbox"/>

This is a custom made device for the exclusive use of the named patient. This medical device conforms to the relevant essential requirements of the specified in Annex 1 of the Medical Devices Directive.

Manufacturer registration no:
CA002478



Accredited Laboratory

THIS IS A NON STERILE DEVICE