THIS CUSTOM-MADE DENTAL APPLIANCE WAS PRESCRIBED BY

THIS IS A CUSTOM-MADE DENTAL APPLIANCE FOR

THE EXCLUSIVE USE OF THIS PATIENT

MR P POWER

Dr D Dentist BDS 21 Molar Street Belfast BT1 1BT

INVOICE

THIS MEDICAL DEVICE IS SUPPLIED IN AN UNSTERILISED STATE

This device conforms to the relevant essential requirements specified in Annex I of the Medical Devices Directive (93/42 EEC). This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Product Code	Description Type of Appliance	Quantity	Cost
474	VALPLAST FINISH 1-4 TEETH	1.00	108.00
473	VALPLAST TRY-IN 1-4 TEETH	1.00	41.00
754	ENIGMA 1X6 ANTS	1.00	16.50
994	EURO CURRENCY ADJUSTMENT	1.00	46.34
L			
Final Review Released by Signed: Date://		TOTAL	211.84

THIS INVOICE IS DUE FOR PAYMENT 30 DAYS AFTER STATEMENT DATE. ALL INVOICES OVERDUE AFTER 30 DAYS WILL BE SUBJECT TO A LATE PAYMENT FEE. THIS CUSTOM-MADE DENTAL APPLIANCE WAS PRESCRIBED BY

Dr D Dentist BDS 21 Molar Street Belfast BT1 1BT

PATIENT STATEMENT

INVOICE NUMBER	INV082919
PRESCRIBER CODE	9998
LAB REFERENCE	AB081041
DATE of MANUFACTURE	03- July -201 5
LABORATORY MHRA Number	CA000393

THIS IS A CUSTOM-MADE DENTAL APPLIANCE FOR THE EXCLUSIVE USE OF THIS PATIENT

MR P POWER

lf you have queries regarding fit any the or performance of your appliance you should contact the prescribing dentist for further information.

Product Code	Description Type of Appliance	Quantity	Standard
474	VALPLAST FINISH 1-4 TEETH	1.00	*3 Star
473	VALPLAST TRY-IN 1-4 TEETH	1.00	*3 Star
754	ENIGMA 1X6 ANTS	1.00	
994	EURO CURRENCY ADJUSTMENT	1.00	

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient. This medical device i intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medica Devices Directive and the United Kingdom Medical Devices Regulations.

This statement does not apply to medical devices that have been repaired and /or refurbished for an individual patient's use.

Storing, handling and instructions for use: It is recommended before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalies, or bleaches that could caus physical or chemical damage to the medical device. The medical device should not be subjected to extremes of temperature during storage.

Where applicable, you should take care not to damage the medical device when removing it from its model.

Where applicable, instructions on how to use or clean this medical device can be obtained from the prescriber.

THIS STATEMENT IS TO BE GIVEN TO THE PATIENT

THIS INVOICE IS DUE FOR PAYMENT 30 DAYS AFTER STATEMENT DATE. ALL INVOICES OVERDUE AFTER 30 DAYS WILL BE SUBJECT TO A LATE PAYMENT FEE.