

THIS CUSTOM-MADE DENTAL APPLIANCE WAS PRESCRIBED BY

INVOICE

Dr D Dentist BDS
21 Molar Street
Belfast
BT1 1BT

RUN NO: 1
INVOICE INV082918
ACCOUNT NO 9998
JOB NUMBER AB081039
DATE 03-July-2015
LAB MHRA NO CA000393

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

MR SMITH

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
2005	FORTRESS Zi CROWN	1.00	74.00
		TOTAL	74.00

Final Review Released by Signed: _____ Date: ___/___/___

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

PATIENT STATEMENT

Dr D Dentist BDS
21 Molar Street
Belfast
BT1 1BT

INVOICE NUMBER	INV082918
PRESCRIBER CODE	9998
LAB REFERENCE	AB081039
DATE of MANUFACTURE	03- July -2014
LABORATORY MHRA Number	CA000393

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

MR SMITH

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

Product Code	Description Type of Appliance	Quantity	Standard
2005	FORTRESS Zi CROWN	1.00	*1 Star

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 is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical 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 cause 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.