



# GENESIS DENTAL LABORATORY LTD

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Dental Laboratories Association  
Registered Member

**JOB No:** \_\_\_\_\_

## PROSTHETICS | MOUTHGUARDS | CHROME | ORTHODONTICS

**PATIENT:** .....  
.....  
Requires this custom made device for their  
exclusive use.  
Age.....

**DENTIST:** .....  
Surgery .....  
Imp. Date .....  
Shade .....

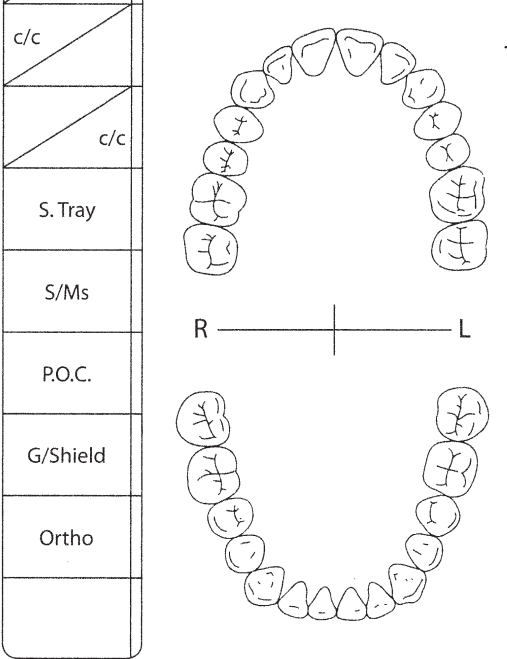
NHS   
PRIVATE

### FOR LAB USE ONLY

Date Received  
.....  
Enclosures  
.....

F- / -F / P- / -P	STAGE	APPOINTMENT DATE	AM/PM	DATE OUT	TECHNICIAN
	S/Tray				
	Bite				
	Metal Try-in				
	Try-in				
	Retry				
	Finished				

FOR LAB USE ONLY



NOTES...

Contract reviewed and order  
accepted subject to sight of a  
positive model

This device conforms to the  
relevant essential  
requirements in Annex I of the  
Medical Devices Directive  
(93/42 EEC)  
Essential requirements not  
met will be shown elsewhere  
on this page  
This appliance is supplied in a  
non-sterile state

Item	Price

Released by: \_\_\_\_\_  
Date out: \_\_\_\_\_

### STORING & HANDLING

This dental appliance should  
be kept away from materials,  
equipment, acids, alkalis or  
bleaches that would cause physical  
or chemical damage and should  
not be subjected to extremes of  
heat or cold or left in direct sunlight