



Ayr Dental Laboratory  
 Unit 7/8 Cambuslea Road  
 Ayr  
 KA8 9HT

Dentist:  
 Address:  
 Tel:

Charting											21	22	23	24	25	26	27	28
18	17	16	15	14	13	12	11				31	32	33	34	35	36	37	38
48	47	46	45	44	43	42	41											

Shade  
 Male/Female      Age

Mould

**Type Of Appliance**

	U	L
Acrylic Denture		
Repair		
Gum Shield		
Other		

Custom made device for the exclusive use of:  
 Patient:  
 Economy      Private      Signature

**Instructions and Notes**

*For Laboratory Use Only*

	Enclosures				Date Rec.	/ /	Sig.	Date Received.	Quality Control		
	1st Imps	Mod.	Bite	Other					Enclosures.	Tech. Sig.	Inspected
Special Tray Delivery Date									Imps Mod. Other		
Record Block Delivery Date									Imps Other		
Try-In Delivery Date									Imps Wax Other		
Re-Try Delivery Date									Imps Wax Other		
Finish Delivery Date									Imps Wax		
	<b>Final Inspection, checked and cleared for release.</b> Signed _____ Date _____										

CE This device conforms to the relevant essential requirements (unless shown differently overleaf) set out in annex 1 of the Medical Device Directive (93/2/EEC) and this statement for that purpose.  
 MDD.CA002250