



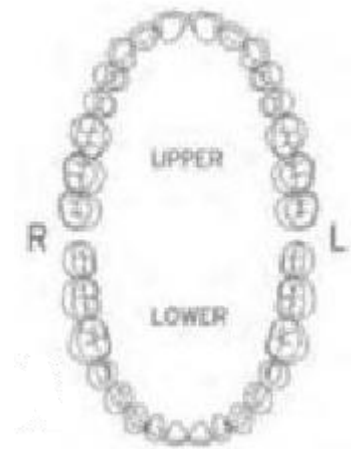
## SOS Denture Laboratory

25 Manor Road, Wallington, SM6 0BW | Tel: 07855 708481

Dentist name: \_\_\_\_\_ Patient name: \_\_\_\_\_ ☐ NHS ☐ Private  
Practice: \_\_\_\_\_  
Date sent: \_\_\_\_\_

Type of appliances (✓)	<input type="checkbox"/> Acrylic denture	<input type="checkbox"/> Metal frame	<input type="checkbox"/> Flexible denture	
Stage	Date required	Tech'n Initials	Shade	Type of teeth
<input type="checkbox"/> Special Tray	U / L			
<input type="checkbox"/> Bite	U / L			
<input type="checkbox"/> Try In	U / L			
<input type="checkbox"/> Re-try	U / L			
<input type="checkbox"/> Re-try	U / L			
<input type="checkbox"/> Finish	U / L			
<input type="checkbox"/> Finish in one session	U / L			

**N.B.** Please write the “**Date required**” one day before the patients’ appointment.



**Disinfection Confirmation:** I have disinfected the impressions with: \_\_\_\_\_

By: \_\_\_\_\_

This is a ‘custom made’ device that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above-named patient. It has been constructed in a non-sterile environment. This dental appliance is intended for the exclusive use of the patient and conforms to the relevant essential requirements specified in Annex 1 of Medical Devices Directive (93/42/EEC) and UK Medical Devices Directive Regulations act SI 2002 No.618.

KEEP AWAY FROM EXTREMES OF HEAT AND COLD

TOP COPY TO BE RETAINED BY LABORATORY  
SECOND AND THIRD COPY TO BE SENT BACK WITH THE FINISHED APPLIANCE  
THIRD COPY (PATIENT STATEMENT) TO BE ISSUED BY PRESCRIBING DENTIST AS REQUIRED