



CUSTOM-MADE DENTAL APPLIANCE PRESCRIPTION

Please complete the appropriate sections of this prescription and place in the provided box along with items for collection.

QUORIS 3D LTD. 5 MILL STREET, IRVINESTOWN, CO.FERMANAGH, BT94 1GR
REGISTERED WITH THE UK COMPETENT AUTHORITY

| | | | |
|---------------|----------------------|-------------------|----------------------|
| Patient name: | <input type="text"/> | Practice name: | <input type="text"/> |
| Patient ID: | <input type="text"/> | Practice address: | <input type="text"/> |
| Prescriber: | <input type="text"/> | | <input type="text"/> |
| Date sent: | <input type="text"/> | Date required: | <input type="text"/> |

TYPE OF APPLIANCE

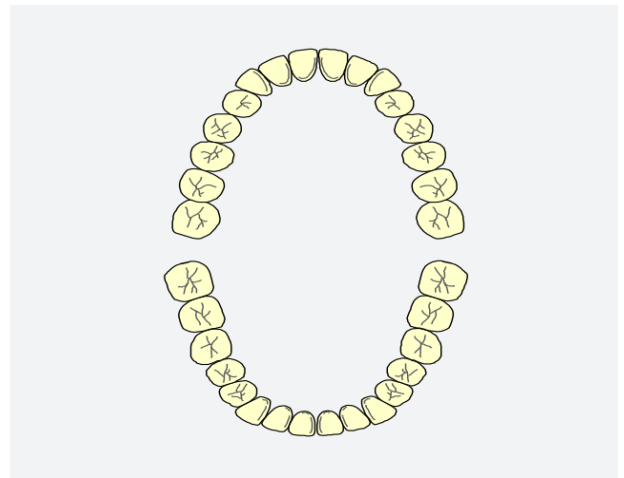
Please tick box of items you are ordering.

| | | | | | | | | | |
|---------------------|--------------------------|----------------|--------------------------|-----------------------------------|--------------------------|----------------------------|--------------------------|----------------|--------------------------|
| Study models | <input type="checkbox"/> | Sport shield | <input type="checkbox"/> | Pilot/fully guided surgical guide | <input type="checkbox"/> | Provisional Crown & Bridge | <input type="checkbox"/> | Special tray | <input type="checkbox"/> |
| Whitening tray | <input type="checkbox"/> | Essix retainer | <input type="checkbox"/> | Bite guard | <input type="checkbox"/> | Soft bite guard | <input type="checkbox"/> | Surgical guide | <input type="checkbox"/> |
| Orthodontic aligner | <input type="checkbox"/> | Other | <input type="text"/> | | | | | | |

Please tick to confirm that impressions enclosed have been disinfected

Please provide further relevant details on your prescription below.

OUTLINE OF DESIGN REQUIRED



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 general safety and performance requirements specified in Annex I of the 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 that before use, this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids 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.

ORIGIN OF MANUFACTURE DECLARATION

This complete appliance has been wholly manufactured within the EU.

PRESCRIBER FEEDBACK:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

NB: Please make sure to pack items carefully with plenty of soft padding .We will not be liable for any items that arrive with us damaged.

If you have any queries please feel free to call and speak with us or email us. Details are below.

We would encourage you to place orders through our website at below web address.

SIGNATURE: