FINAL BRIDGE PRESCRIPTION FORM

Please complete the appropriate sections of this prescription and place items in a box.

QUORIS3D, 17 TULLY ROAD, KILLADEAS, ENNISKILLEN, BT94 1RL
REGISTERED WITH THE UK COMPETENT AUTHORITY

Patient name:

Prescriber:

Date sent:

Practice name:

Practice address:

Date required:

PRESCRIPTION DETAILS

If the doctor completed the RAPID appliance, then the records are as follow:

Equilibrated RAPID appliance with a Reline Impressions

Articulated

Bite registration

Shade

Opposing Model

Is the patient happy with the provisional appliance appearance?

Material
Zirconia, Ultra Nano Trilor, or Ultra Nano Titanium

YES **NO**

Please tick to confirm that impressions enclosed have been disinfected

If no, please provide details:

Please email photos of patient wearing temporary bridge to admin@quoris3d.com

Please provide further relevant details on your prescription below.

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:

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.

FOR OFFICE USE ONLY:

Patient ID

Return Date

Model Analog used