



BUTTERFLY DENTAL LABORATORY

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MHRA (MDA) Reg.
2024



LABORATORY TICKET

Name of Prescriber:

Clinic Name and Address:

Patient's Name:

Acrylics

U Special Tray

Sent on:

SHADE:

Chrome

L Special Tray

Back on:

Flexi Denture

Other

Back on:

NHS

Crown & Bridge

Back on:

DENPLAN

Composite

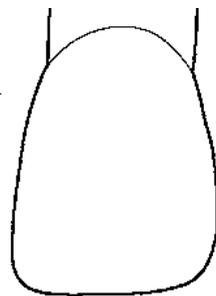
Back on:

PRIVATE

OUTLINE OF DESIGN REQUIRED:

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8



FIELDS BELOW TO BE COMPLETED BY LABORATORY PERSONNEL ONLY

Approved for manufacture by:

(sign)

Approved for release by:

(sign)

Details of materials etc supplied by prescriber

(initials)

Details of any model approval by prescriber

(initials)

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 relevant essential requirements specified in Annex I of the Medical Devices Directive and the United Kingdom 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, alkalis 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. Where applicable, instructions on how to use or clean this medical device may be obtained from the prescriber.

ORIGIN OF MANUFACTURE DECLARATION:

THIS COMPLETE APPLIANCE HAS BEEN WHOLLY MANUFACTURED WITHIN THE UK.

Lab Ref. _____