Joseph Burke & Co. Ltd.

ORTHODONTIC LABORATORY

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Custom Made Device
for the exclusive use of this patient.

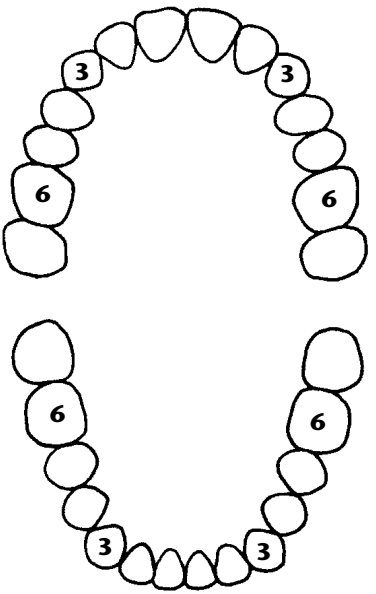
Date: ..... **Case No.** .....

Study Models U L **Work Models** U L **Digital Models** U L **Bite**

		LABORATORY USE ONLY							

RIGHT | **LEFT**

CASE INSTRUCTIONS:



Patient's Name: .....

Doctor's Name: .....

Practice/Clinic: .....

Private ☐ **H.S.E.** ☐ **Date/Time of completion:** .....

Final Inspection: .....

STATEMENT

The device(s) conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC), S.I. No.252 of 1994. Those relevant essential requirements not met and reasons why are listed on the attached sheet (tick if appropriate ☐).

THIS DEVICE IS SUPPLIED IN A NON-STERILE STATE - KEEP AWAY FROM EXTREMES OF HEAT AND COLD