



Joseph Burke

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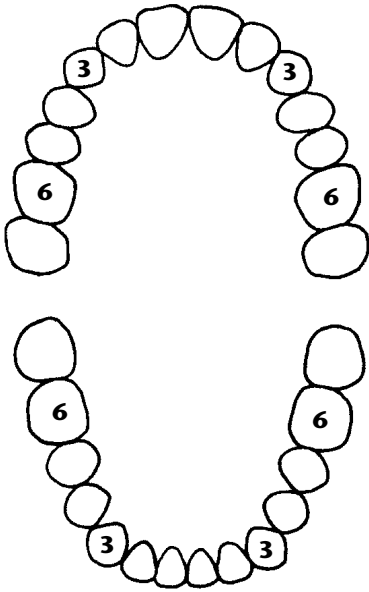
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DATE:..... CASE No.

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

LABORATORY USE ONLY					
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RIGHT LEFT CASE INSTRUCTIONS:



Patient's Name:

Doctor's Name:

Practice/Clinic:

Private H.S.E.

Date of completion:.....

This is a **custom made device** for the exclusive use of the above patient.

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).

KEEP AWAY FROM EXTREMES OF HEAT AND COLD