PRECEDENTAL
an ALS company

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Orthodontics

Lab Slip

Surgeon Name

Address

This is a custom made device for the exclusive use of
Patient Name

Male ☐ Female ☐ Age: _____

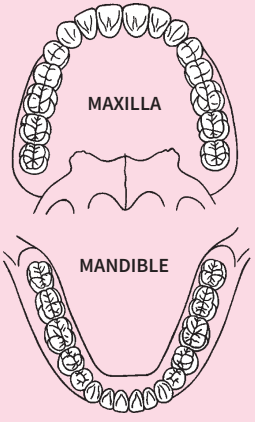
Delivery Date & Time

AM ☐

PM ☐

Allows **7-10 working days** receipt at the laboratory

Appliance Required



For Lab Use Only

Job No.

Date Rec. / /

SQUASH BITE

UPPER IMP RUB ALG

LOWER IMP ALG RUB

SLIDE/PHOTO

NON STERILE

Approved For Manufacture

Signature

KEEP AWAY FROM EXTREMES OF HEAT AND COLD

STATEMENT: This device conforms to the relevant essential requirements set out in Annexe 1 of the Medical Devices Directive (93/42/EEC). If there are essential requirements not met they shall be listed below.

Essential Requirements not met	Reasons for non-conformance

Process	Check No.	Date	Technician	Non Conform	Corrective Action	Customer Supplied Product
Models						
APPROVED FOR RELEASE						

ADDITIONAL COMMENTS & INSTRUCTIONS

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