



Precedental

LABORATORY

Precedental Limited MDD Reg no. CA000992
Crown House, 17-19 New Road, Stourbridge
West Midlands, DY8 1PQ

Tel: 01384 444656 Fax: 01384 350900
enquiries@precedental.com
www.precedental.com

Prosthetics

Lab Slip

Surgeon Name

Address

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

Male ☐ Female ☐

Age: _____

STAGE

DATE

Special / Tray

/ /

Bite Block

/ /

Try In

/ /

Re-try

/ /

Finish

/ /

Restoration Required

☐ Private

☐ Independent

☐ NHS

Shade

For Lab Use Only

Job
No.

SQUASH BITE

Date
Rec.

/ /

UPPER IMP

RUB

ALG

LOWER IMP

ALG

RUB

MATERIAL/
PRODUCT
SUPPLIED
BY CLIENT

Approved for
Manufacture

Signature



KEEP AWAY FROM
EXTREMES OF
HEAT AND COLD

Your attention is drawn to the following statement: This is a custom-made medical device that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient. The medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations.