



BARNETT

THE PRECISE ART OF TECHNICAL DENTISTRY

LAB USE ONLY

Bin no : Job ref :

Dentist : Shade :

Patient : Age :

(CAPITALS PLEASE)

Appointment : Delivery :

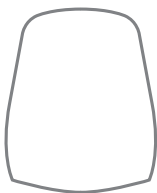
(DATE & TIME)

(DATE)

LAB INSTRUCTIONS

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

ADDITIONAL SHADE INFORMATION



Approved for manufacture :

Confirmed :

Technician :

Approved by :

PONTIC DESIGN

Ovate ___mm Full Lap Buccal Lap Sanitary Contact Sanitary Spaced

Pontic Relief

Yes No



Bite	Sil.	Alg.	Med.	Photo	Jig.	Other

This is a custom-made device intended for exclusive use by this patient. This device conforms to the relevant essential requirements set out in Annexe 1 of the Medical Devices Directive. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

