Ortho4U Ltd

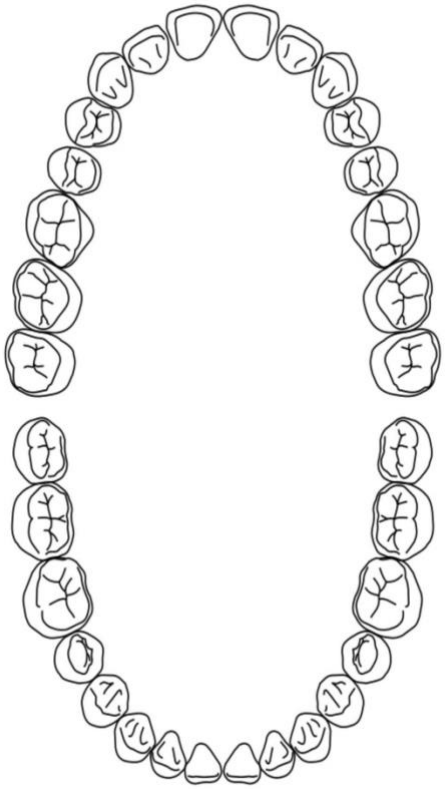
31 Ravensdale Park, Kimmage, Dublin 12, D12 VH97
Phone: 089 967 7135
E-mail: ortho4u.info@gmail.com
Website: www.ortho4u-lab.com

Doctor's Name:	Patient's Name:
Impression Date:	Final date:

Study models Yes | No with Gloss Yes | No

INSTRUCTIONS

Upper



Lower

RIGHT LEFT

Colour of Acrylic: with Glitter Yes | No

Statement

This device conforms to the relevant essential requirements set out in annex 1 of the Medical Devices Directive (93/42/EEC).
Those relevant essential requirements not met and the reasons why are listed on the attached sheet (Tick if approprivate)

Signed_____ Date_____