MS3 D
LABORATORY

our services:

MS3 D Laboratory
Unit 38 Mount Osborne, Barnsley, S71 1HH
Tel: +44 7542 771333
Email: mansoor@ms3dentallaboratory.co.uk

Doctor's name: _____ **Case No:** _____

Adderess: _____

_____

Telephone: _____

Email: _____

Patient details: _____

Date received: _____ *D/M/Y*

Return date: _____ *D/M/Y*

Ship date: _____ *D/M/Y*

Approval for manufacture: _____ *PRINT/SIGN*

Product: _____

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Instructions: _____

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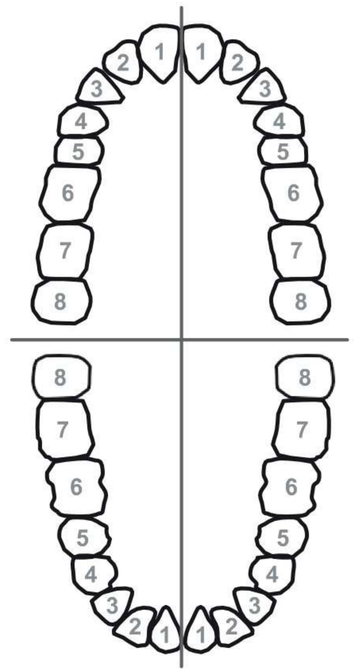

Completed by laboratory personnel

Approved for release by: _____

Date: _____ *D/M/Y*

Origin of Manufacture: _____

Address: _____

_____

The person signing this authorisation and/or the dental practice accepts responsibility for payment overthe related charges and agrees to pay all legal and collection costs in the event the account is in collections or litigation, including reasonable fees.

Your attention is drawn the the following statement: This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient.This medical device is intended for exclusive use by this patient and conforms to the relevant essential requirements.
This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

MHRA
Regulating Medicines and Medical Devices
no.38038