

PRESCRIPTION FORM

LAB USE ONLY

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Registered with the UK Competent Authority. MHRA Ref: 6685.

PRESCRIBING CLINICIAN		OCCLUSAL SPLINT TYPE		
PRESCRIDING CLINICIAN		SCi+ (lab-made SCi) Include fully protrusive & retrusive bite records	U	
		Michigan/Tanner Recommended: face bow & CR bite, 2mm open	U	
		BK Splint	Ŭ	Ľ
Practice:		Soft Bite Raising Appliance 3mm standard thickness	U	Ē
Address:		Hard Bite Raising Appliance 2mm standard thickness	U	L
		Nightguard 3mm dual-laminate material	U	L
		Other:		
		SNORING & SLEEP APNOEA		
Tel:		Sleepwell		
Email:		Dorsal Please provide protrusive bite record		
		Silensor Please provide protrusive bite record		
Custom made medical device for the exclusiv	/e use of:	Negus Please provide protrusive bite record		
Detient News (Defe		Other Please check bite record requir	ements with	laboratory.
Patient Name/Ref:	PO no:	BLEACHING TRAYS		
ENCLOSURES:		Ultraseal	U	L
		Boutique Voucher code	U	L
Disinfected? Y N	Models Y N			
Impressions:	Appliance	STUDY MODELS		
Silicone U L	Bite	Standard (Physical/Plaster Models)	U	L
	Facebow	Exam (Physical/Plaster Models)	U	L
-		Digital (Scanned record in STL format)		
Other		ORTHODONTIC APPLIANCES	U	L
DELIVERY please tick your chosen option.		Туре		
		RETENTION		
Standard	Express	Standard Vacuum Formed Retainer (VFR)	U	L
- 7 working days for Retainers	- Return date required:	DURATAIN Ultra Strength VFR	U	L
- 10 working days for all other appliances - Return date confirmed via email	- Return date confirmed by email	Bonded with Placement Jig Standard Twist Flex	U	L
- Despatched via Royal Mail 1st Class	- Tracked next day courier service	Other	U	L
- No additional charges	- Additional charge applies	MULTI-OFFER RETAINERS Discounted prices available - see lat		t Each
		option applies to one patient only and all sets are shipped together.	est price lis	at. Each
		DURATAIN U&L Sets x2		
		Essix U&L Sets x2		
qui	-12	DURATAIN U&L Sets x3		
Q	Q	Essix U&L Sets x3		
\leq	\mathbf{X}			
\square	\square	ADDITIONAL NOTES		
R	L			
\bigcirc	\bigcirc			
\mathcal{C}	\mathbf{R}			
X	X			
Y.	X			
The	YU			
~U.				

CLINICIAN SIGNATURE:

DATE:

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT: This is a custom-made medical device that has been wholly manufactured within the UK and satisfies the design characteristics and properties specified by the prescriber for the above named patient. This 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. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

Storing, handling and instructions of use: The appliance is supplied in a non-sterile condition. It is recommended that before use this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalines or bleaches that could cause physical or chemical damage. The device should not be subjected to extremes of temperatures when stored. You should take care when removing the device from its model. Where applicable, instructions on how to clean this device may be obtained from the prescriber. This prescription has been placed under S4S T&Cs of supply and it is assumed that you have complied with any other associated documentation, e.g. Patient Pre-screening Questionnaire for MAS Therapy. *Express Service is available on most products, please check with S4S for further information.