Making You Smile
BJM
Dental Laboratory LTD.
Est. 2017

A5 Ground Floor
Restmor Way, SBC House
Wallington, SM6 7AH

020 8614 0784

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Case No:

Surgery Ref: _____

Date: _____

DENTURE & ORTHO

PRACTICE DETAILS

Prescribing Dentist: _____

Practice Name: _____

Address: _____

_____

_____

Patient Name / ID: _____

TREATMENT STAGE (PLEASE TICK & DATE)

Bite	Special Tray	Try In	Retry	Finish
☐	☐	☐	☐	☐
Date:	Date:	Date:	Date:	Date:

DEVICE REQUIRED / SPECIAL INSTRUCTIONS

Statement: this device conforms to the relevant essential requirements set out in annex 1 of the medical device directive (93/42/EEC) and (BS EN ISO 13485). If there any essential requirements not met they shall be listed below.

CASE INFORMATION

☐ ☐

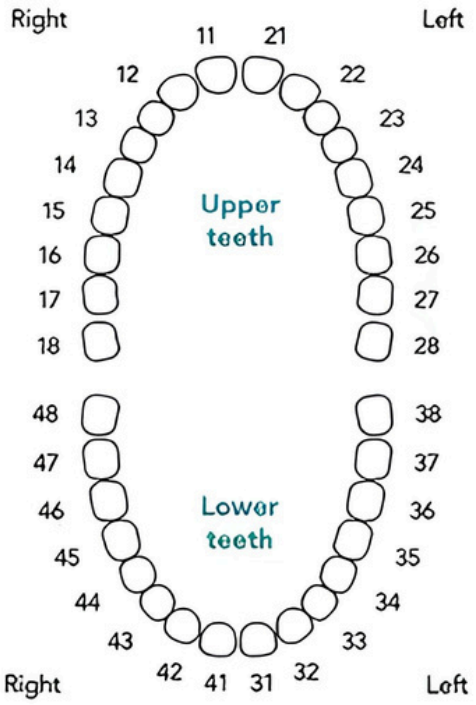
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☐ CO/CR

☐ Flexible Denture

☐ Orthodontic Appliance

TOOTH CHART



BJM ORTHODONTIC PROMOTION

Duplicate Appliance Offer

☐ Please provide a second appliance at **50% OFF**

Must be prescribed at the same time as the original appliance.

INVOICE £

ESSENTIAL REQUIREMENTS NOT MET	REASON FOR NON CONFORMANCE

KEEP AWAY FROM EXTREMES OF HOT AND COLD

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