



Head Office Go Tooth Dental Laboratory Limited Unit 2, Henderson Place, Canklow Road, Rotherham, S60 2JH

4	Work Level
Go Platinum	
Go Premium	

6
Phone
Thone

07514771899





gotoothdental@gmail.com

www.gotoothdental.co.uk

1	Prescribing Clinician: Name, Address, Contact Details

2	Patient Details
First Name:	
Surname:	
Age:	
Gender:	

•	
	 -

5	Notes & Instructions		
Date:	Notes:		
		Shade	

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 general safety and performance requirements specified in Annex I of the Medical Devices Regulations.

Customer Feedback: To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the enclosed device(s) as soon as possible.

MHRA Reg. No. 31688

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Date:

Date:

Date:

Date:

Date:

Date:

Appointments

Time:

Time:

Time:

Time:

Time:

Time:

GO TOOTH









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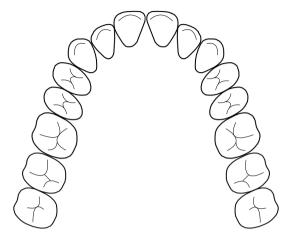
MHRA Reg. No. 31688

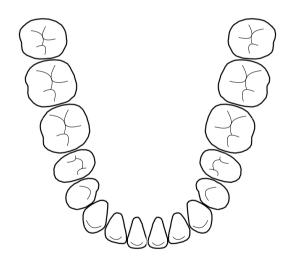
Notes & Instructions	
Please add any additional information including rest seats, clasp design, indirect retention, major connector and minor connector.	



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Chrome/Partial Denture Design Sheet





For Lab Use