



Address: Station House, Station Road, Shankill, Dublin 18.
 Website: www.clickfitdental.ie
 Email: info@clickfitdental.ie
 Phone: 01-2393286



PRESCRIPTION ORDER DOCKET

This is a custom made device for the exclusive use of

Patient Name: _____
 H.S.E. Patient ID Number (if applicable): _____
 Clinician Name: _____
 Practice/Clinic: _____

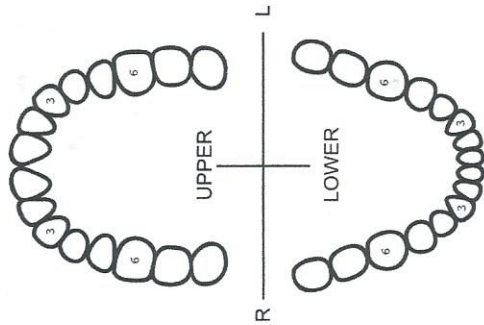
Impression Date: _____ Due Date: _____ Time: _____

Study Models: U L
 Bite:
 Essix: U L

STATEMENT
 The 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 appropriate)

L	A	B	U	S	E	O	N	L	Y
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Appliance Design Instructions



(Please send white and yellow copy and retain pink copy for your reference)



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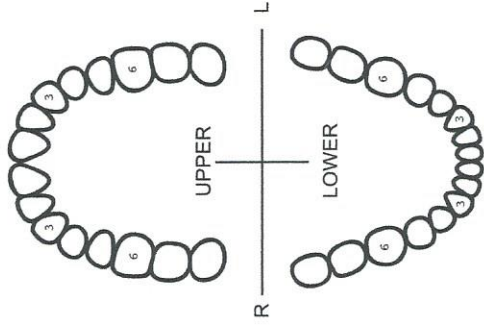
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