Unit 6, Waterside Court, Crossways Business Park, Dartford, Kent DA2 6NX
Tel: 01474 621 051 Email: surgistent@veusdentallabs.co.uk Web: www.veusdentallabs.co.uk
Authorised UK Lab: Veus Dental Labs MHRA Registration: 13335

SURGISTENT

powered by smop

PRESCRIPTION FORM

Dentist Name:

Email:

Practice Name & Address:

Patient Name:

Patient DOB:

Patient Sex:

Prep Date:

Date/Time Required:

Lab Ref:

Please select from the following:

☐ **Straight to Finish Surgistent**
(you will be emailed to confirm the plan before printing)

☐ **Planning Assistance Required for Surgistent**
(please arrange a time slot to discuss the case planning)

☐ Upper ☐ Lower

☐ Fully Guided ☐ Pilot Drill Only

Number of Implants:

Checklist:

- ☐ Impressions
- ☐ Intraoral Scans sent
- ☐ CBCT emailed or uploaded
- ☐ Docket completed

Implant Make/ Model														
Implant Width (mm)														
Implant Length (mm)														
	17	16	15	14	13	12	11	21	22	23	24	25	26	27
	47	46	45	44	43	42	41	31	32	33	34	35	36	37
Implant Make/ Model														
Implant Width (mm)														
Implant Length (mm)														

Additional Information:

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. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use. **ORIGIN OF MANUFACTURE DECLARATION:** This complete appliance has been wholly manufactured within the EU. **PRESCRIBER 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. **THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILISED STATE.**