



# Joseph Burke

## ORTHODONTIC LABORATORY



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DATE:.....

CASE No. ....

**STATEMENT**

The device(s) conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC), S.I. No.252 of 1994. Those relevant essential requirements not met and reasons why are listed on the attached sheet (tick if appropriate ).

STUDY MODELS  U  L

SQUASH BITE

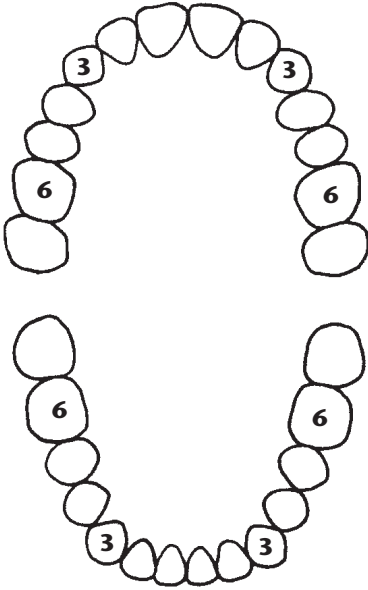
WORK MODELS  U  L

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RIGHT

LEFT

CASE INSTRUCTIONS:



Patient's Name: .....

Doctor's Name: .....

Practice/Clinic: .....

Private  H.S.E.  Date and Time of completion:.....

This is a **custom made device** for the exclusive use of the above patient.

**FINAL INSPECTION:**

**KEEP AWAY FROM EXTREMES OF HEAT AND COLD**