



QX ORTHO LAB LTD

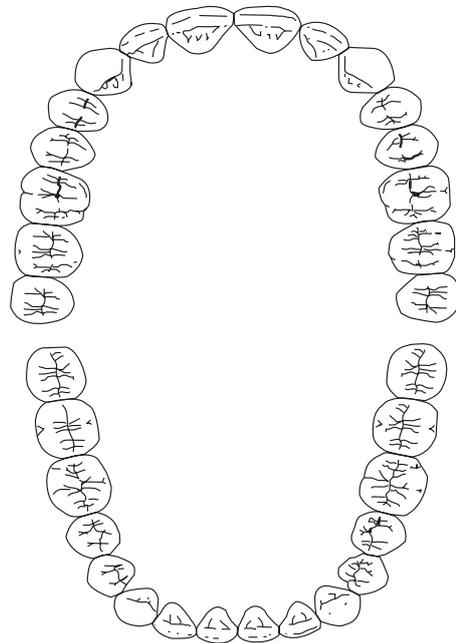
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This is a custom-made device for the exclusive use of Patient Name:	Patient No.	NHS / Private
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Date received	Date required	Practice Name	Clinic
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Study Models	Work Models	Orthodontist	Imps Disinfected	Appliance Sterilised
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INSTRUCTIONS TO TECHNICIAN



- Authorised for release by _____ (on behalf of the laboratory) Date: _____
- This device conforms to the relevant essential requirements as set out in Annexe 1 of the Medical Devices Directive 93/42/EEC.
- If there are any relevant essential requirements not met please tick box
- Any relevant essential requirements not met and reasons why, should be attached, or shown on reverse.
- **Warning: Do not expose this device to extremes of temperature**