

Practice name:



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Optident contact details
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## Order form: Whitening trays

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Address:				
Country:		Postcode:		
Phone:		T OSTEOGE.		
Email:				
Clinician:				
nvoice email:				
Patient name:				
۸ / او نام ما او ما				
Whitening trays	Unique reference code:			
U L Bleaching trays	Impression date:		Fit date:	
	Whitening bleach %: 5%	C0/	100/	16%
	771116 Steath 70. 370	6%	10%	10 /0
	4 syringe or 8 syringe kit:	4 syringe kit 8 syrin		10 /0
				10 /0
Votes				10 /0
Votes				10 /0
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Notes				
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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 the exclusive use by the patient and conforms to the relevant essential requirements specified in Annex I of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. (93/42 EEC) MHRA No. CA 014 107

This Statement does not apply to medical devices that have been repaired and/or refurbished for an individual patients use.

