

Order form: Whitening trays

Practice name:	
Address:	
Country:	Postcode:
Phone:	
Email:	
Clinician:	
Invoice email:	
Patient name:	

Whitening trays

☐ U ☐ L Bleaching trays

Unique reference code:			
Impression date:		Fit date:	
Whitening bleach %:	5%	6%	10%
			16%
4 syringe or 8 syringe kit:	4 syringe kit	8 syringe kit	

Notes

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.



optident LTD