



C A S T L E
ceramics

dental laboratory ltd

WHITENING TRAYS

Prescription Form

DENTIST	
PATIENT	
RETURN DATE	
PRACTICE ADDRESS	
CASTLE CERAMICS TRAY CODE NO.	
BOX NO.	
ENCLOSURE	
NOTES	



**CASTLE CERAMICS
DENTAL LABORATORY**

2 CAVENDISH,
MARINER, LICHFIELD
ROAD INDUSTRIAL
ESTATE, TAMWORTH,
STAFFORDSHIRE.B797XH

WEB:- WWW.CASTLE-CERAMICS.COM

TEL:- 01827 302501 EMAIL:-CASTLECERAMICS@BTCONNECT.COM

WHITENING TRAYS

Lab Instructions



ALL MARGINS ARE GROOVED TO ENSURE A TIGHT FIT AND PREVENT ANY LEAKAGES AND DARKER NECKS OF TEETH.

PLEASE TICK

NO
BLOCKOUT
RESIN



BLOCKOUT
RESIN

PLEASE INDICATE TEETH TO BE WHIT-



PLEASE INDICATE YOUR PREFERENCE:-

CUT
STRAIGHT



BUCCAL SIDE



GINGIVAL
SCALLOPING

OTHER (PLEASE SPECIFY)

ALL CASES WILL BE STRAIGHT CUT ON PALATAL / LINGUAL.

MDA REF NO: CA 00818

THIS IS A CUSTOM MADE DEVICE FOR THE EXCLUSIVE USE OF THE PATIENT
CONFORMS TO THE REQUIREMENTS AS SET OUT WITHIN ANNEX 1 OF THE MEDICAL DEVICES DIRECTIVE