

# SPLINT / DEPROGRAMMER LAB TICKET



**CASTLE**  
ceramics  
dental laboratory ltd

## LAB USE ONLY

DENTIST NAME: .....

ADDRESS: .....

.....

PHONE: .....

EMAIL: .....

PATIENT NAME:.....

RETURN DATE: .....

BOX NUMBER.....

ENCLOSURES.....

DATE IN LAB.....

### DENTIST: PLEASE TICK ENCLOSURES:

BITE FORK

STUDY MODEL: UPPER  LOWER

BITE: RCP/CR  MI/CO

OTHER: .....

### BITE GUARD:

### IMPORTANT, PLEASE TICK

SOFT NIGHT GUARD 3MM

HARD ON SOFT NIGHT GUARD

HARD NIGHT GUARD

### SPLINTS:

DAWSON "B" SPLINT (UPPER ONLY) 2.5MM

DAWSON DUAL "B" SPLINT WITH LOWER ESSIX +RUNNER BAR 2.5MM

### ESSIX/TRUTAIN RETAINERS:

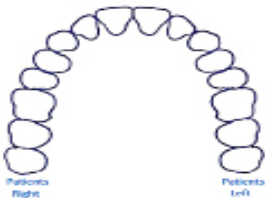
ESSIX OR TRUTAIN RETAINER 1MM

### FULL COVERAGE STABILISATION SPLINTS:

MICHIGAN APPLIANCE COLD CURE  HEAT CURED

TANNER APPLIANCE COLD CURE  HEAT CURED

### SPECIAL INSTRUCTIONS



MDA REF NO: CA 00818

THIS IS A CUSTOM-MADE APPLIANCE FOR THE EXCLUSIVE USE OF THE PATIENT.  
CONFORMS TO THE ESSENTIAL REQUIREMENTS AS SET OUT WITHIN ANNEX 1 OF THE MEDICAL DEVICES

WARNING! - KEEP THE APPLIANCE FROM THE EXTREMITIES OF HEAT AND COLD. DO NOT STORE STUDY OR REFERENVE MODELS IN PLASTIC BAGS

ALL PRODUCTS ARE MADE TO THE HIGHEST POSSIBLE STANDARDS, BUT WE CANNOT GUARANTEE TO SUPPLY A STERILE PRODUCT