



call 01202 922280 email info@thehivelaboratories.com visit thehivedental.com  
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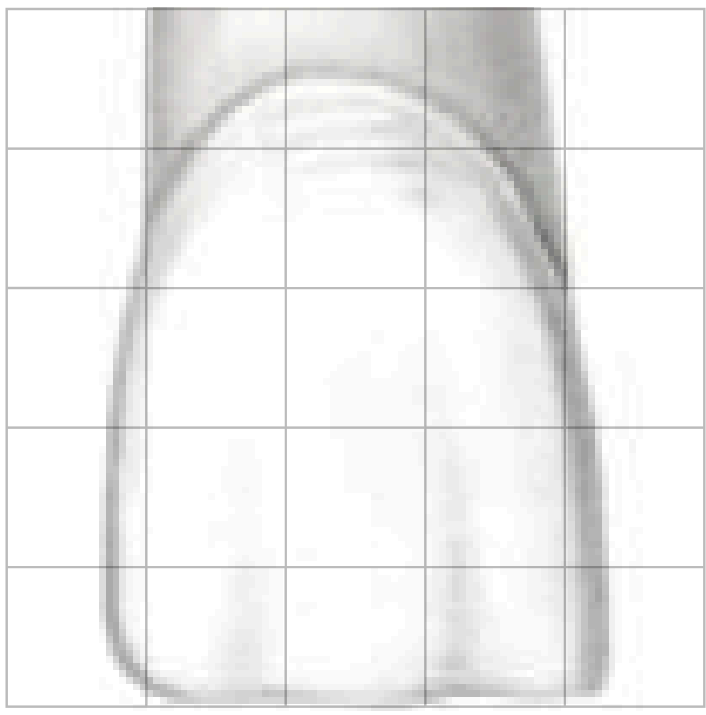
This custom made dental appliance was prescribed by:  
**Dentist:**  
  
**Practice:**

PLEASE NOTE: working days exclude weekends;  
general holidays and days in transit  
  
**Return Date:**  
  
**Appointment Date:**  
  
**Appointment Time:**

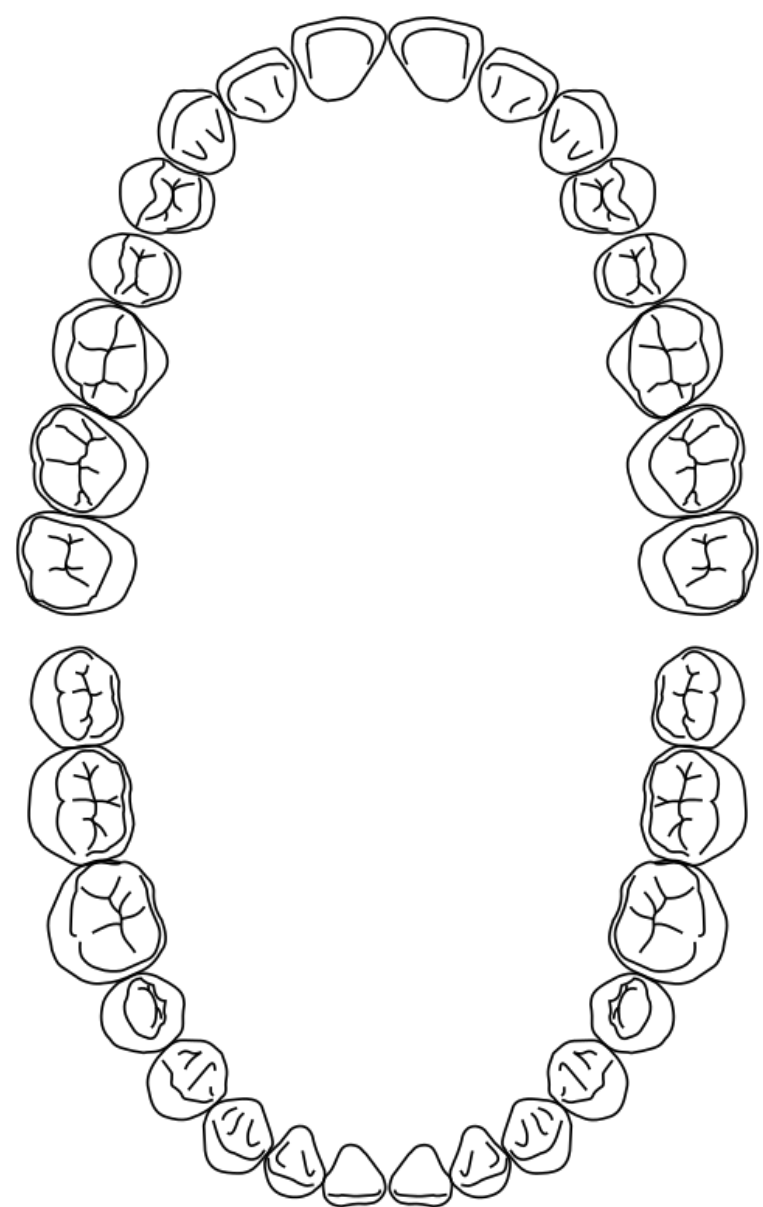
**Patient Name:**

**Basic Shade**

**Stump Shade**



**Denture Notation:**



**Shade:**

**INSTRUCTIONS / COMMENTS**  
Please send photos for tooth and gum shade

**RETURN DATE**

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Laboratory use

Technician .....

**Your attention is drawn to the following statement:**  
This is a custom-made 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 this patient and conforms to the relevant essential requirements specified in Annexe 1 of the Medical Devices Directive and the UK Medical Devices Regulations.