



Flora Orthodontics

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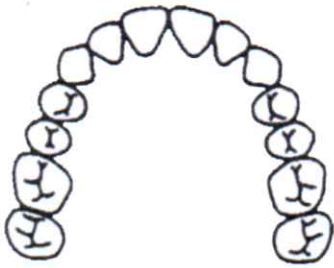
PRACTICE: CLINICIAN:

PATIENT NAME:

PATIENT CODE: MODEL NO:

DATE OF IMPRESSION: WORK REQUIRED:

UPPER



LOWER



TECHNICAL REQUIREMENTS

Disinfected by:

Approved for manufacture ☐

Approved for release ☐

COMPANY REG. NO. 09296700 GDC NO: 216 535 **Please only keep the Pink Copy for your Records**

APPLIANCE IS NOT STERILE. PLEASE KEEP AWAY FROM EXTREME HEAT AND COLD.

This is a custom made device for the exclusive use of the above named patient and conforms to the basic requirements of the Medical Devices Directive (93/42 EEC). MHRA No. CA 014 576 and must be in accordance with the Practitioners Instructions.