

Nexxta S.p.A. - Head and operational office: Bologna - via del Lavoro, 37 - 40127 Bologna T +39 051 240186 | 051 249843
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P.IVA 02683770362 - SDI KBTEL2G

SENDER (FILL IN OR STAMP)

DOCTOR | DENTIST | DENTAL CLINIC | MEDICAL CLINIC | DENTAL LABORATORY

SURNAME

NAME

ADDRESS

ZIP CODE | CITY | PROVINCE

PHONE

REGISTRATION ID

PRESCRIPTION

NUMBER

DATE

55 54 53 52 51 61 62 63 64 65

RIGHT	18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28	LEFT
	48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38	

85 84 83 82 81 71 72 73 74 75

ENCLOSED DOCUMENTS

PLASTER MODELS	UPPER	LOWER	IMPRESSIONS	UPPER	LOWER	OCCLUSAL REGISTRATION	CENTRIC RELATION	
MAXIMUM INTERCUSPATION		BITE		FACEBOW	X-RAYS	PHOTOS	SCAN	OTHER

REQUIRED PATIENT'S DATA

SURNAME

TAX CODE

DIAGNOSED ALLERGIES NICKEL OTHER

BRUXIST JOINT DYSFUNCTION

NAME

GENDER MALE FEMALE AGE

PSYCHOMOTOR DISABILITIES

OTHER DEVICES AND THEIR CONSTRUCTION MATERIALS

CUSTOM MADE ORTHODONTIC MEDICAL DEVICE

ARCHIVE MODELS:	WORK MODEL	PLASTIC BASED MODEL	STUDY MODEL	TWEED STUDY MODEL
VIRTUAL MODEL	OTHER			

PLANNED ORTHODONTIC TREATMENT

INTERCEPTIVE	REMOVABLE	FUNCTIONAL	FIXED	SKELETAL ANCHORING
PRE-PROSTHETIC	PRE-SURGICAL	GNATHOLOGICAL	OTHER	

DIGITAL ZONE

CUSTOM MADE DEVICE ARC ANGEL ALIGNERS 3D SIMULATIONS SURGICAL GUIDE

NOTE: DENTAL IMPRESSIONS MUST BE SUBMITTED AFTER A DISINFECTION TREATMENT

DATE OF DELIVERY

TIME

STAMP | SIGNATURE

PLACE OF DELIVERY

PRESCRIBING DOCTOR

PS: Any omitted field is to be considered not applicable to the case in question. To comply with Directive 93/42 EEC - Legislative Decree. 46/97 - 47/2007 CE, EU Regulation 745/746/2017, on medical devices and to issue the manufacturer's declaration, it is essential to fill in all parts of the prescription for the customized dental medical device. The personal data included in this document will be processed for the purposes of the execution of a contract as data controllers art. 28 reg. EU 2016/679 and in full compliance with the aforementioned legislation.