

SENDER (FILL IN OR STAMP)

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

SURNAME

NAME

ADDRESS

ZIP CODE | CITY | PROVINCE

PHONE NUMBER

REGISTRATION ID - CITY

PRESCRIPTION

NUMBER

DATE

RIGHT	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LEFT
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

REQUIRED PATIENT'S DATA

SURNAME

TAX CODE

DIAGNOSED ALLERGIES

NICKEL

OTHER

BRUXIST

JOINT DYSFUNCTION

TOOTH SHADE

NAME

GENDER

MALE

FEMALE

AGE

PSYCHOMOTOR DISABILITIES

OTHER DEVICES AND THEIR CONSTRUCTION MATERIALS

ENCLOSED DOCUMENTS

PLASTER MODELS

UPPER

LOWER

IMPRESSIONS

UPPER

LOWER

CENTRIC RELATION

MAXIMUM INTERCUSPATION

ARCO FACIALE

RADIOGRAFIE

FOTO

SCANSIONI STL

ALTRO

 DIGITAL ZONE

 LINE

 I-DESIGN

CUSTOM MADE MEDICAL DEVICE

PRECAUTIONS TO BE ADOPTED DURING MANUFACTURING

ARCHIVE MODELS:

WORK MODEL

PLASTIC BASED MODEL

STUDY MODEL

TWEED STUDY MODEL

VIRTUAL MODEL

OTHER

IMPRESSIONS TAKEN IN:

INTRAORAL SCANNING

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.