



••• Please, fill in completely and keep a copy •••

**1** Dr. \_\_\_\_\_ (name) Acc./PO no.: \_\_\_\_\_  
 Post code: \_\_\_\_\_ - \_\_\_\_\_ Mobile: \_\_\_\_\_

**2** \*No patient personal data\*  
 Your case reference: \_\_\_\_\_ Age: \_\_\_\_ Initials: \_\_\_\_ / \_\_\_\_

**3** **Delivery Date**  
 U / L Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**4** **Detail:**  
**Select the shape of cusps:**  
 Flat       Pointed       Round

## DIRECT BONDING

*For lab use only, real app.*

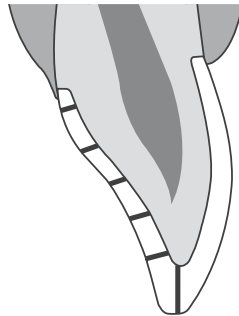
..... - ..... @ .....

..... - ..... @ .....

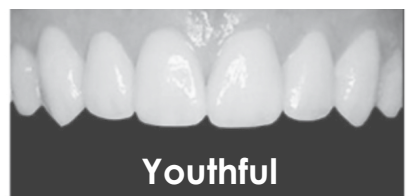
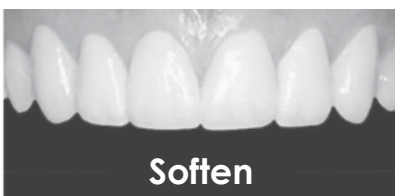
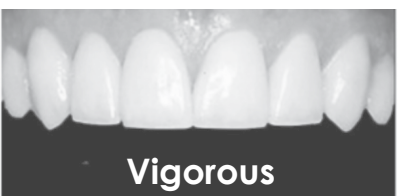
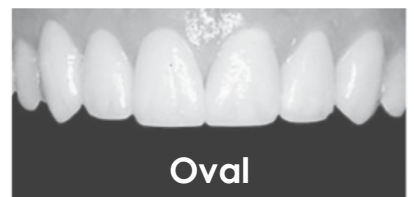
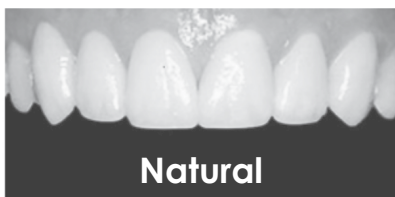
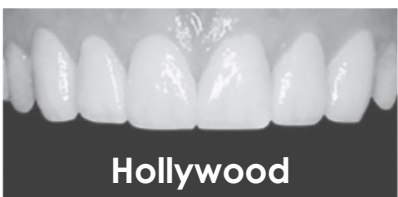
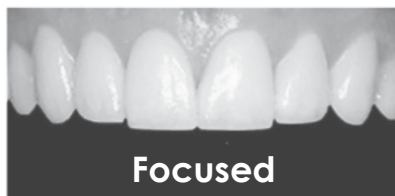
*For lab use only, Opened by:*

1	2
4	3

**Please shade in where to stop the wax up on the palatal surface.** →



**Circle smile shape and draw preference onto picture.**





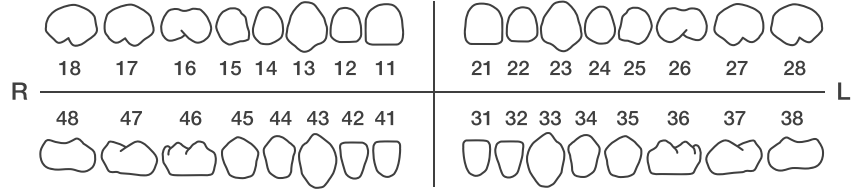
••• Please, fill in completely and keep a copy •••

## 5 Instructions: (please tick and select teeth)

- Digital Wax Up
- Print Models

### Tell us what you are sending:

- Digital Impressions
- Digital and Analogue impressions



### Tell us which stent you want:

- Stent covering all teeth - soft or exaclear (please circle)
- Stent covering alternating teeth - soft or exaclear (please circle)
- Night guard like material for temporaries
- Putty for temporaries

## 6 Additional Information:

## 7 Add GC materials to your order:

- G-aenial Universal Injectable
- Exaclear
- EVE Diacomp Plus Twist (bur for GC injectable)

Please indicate whether the GC materials are to be billed to this case invoice or if you want it billed on a separate invoice.

- Case invoice
- Separate invoice

## 8 Upload a picture of this form with you scan or send it via whatsapp using the QR code, or email [questions@medimatch.ie](mailto:questions@medimatch.ie)

When you send the scan please indicate 'form emailed' or 'form in whatsapp'.



- Please always check your impressions, poor impressions may be liable to a minimum handling charge of €10
- This case is a remake case
- I have enclosed new or old components \_\_\_\_\_

### Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit [www.medimatch.ie](http://www.medimatch.ie)

**Dental appliance information and delivery note:** Dental product designed to satisfy the information, properties and detail of what has been prescribed by the above dentist. Purely for use for the patient described with the above reference. The product meets the requirements entailed in the Annex I and Annex VIII of the Medical Devices Directive and the Republic of Ireland Medical Devices Regulations act SI 252/1994. This product may have been produced in either or all three Ireland, UK or China by MediMatch.  
**Instructions for use, storing & handling:** It is highly recommended that the product is stored in a clean and safe environment if not used immediately. It is also advised that there must be no contact with materials, liquids or acids that could cause disfiguration or damage to the product. The product should not be subjected to extreme heat. Where applicable, you should take care not to damage the dental piece(s) when removing from its model.  
 THIS DENTAL APPLIANCE IS SUPPLIED IN AN UNSTERILIZED STATE