

**GRILLZ
PRIVATE**

from scan only

1 Dr. _____ (name) Acc./PO no.: _____
Post code: _____ - _____ Mobile: _____

2 *No patient personal data*
Your case reference: _____ Age: _____ Initials: ____ / ____

3 **Delivery date** Always give us **10 full** working days
(d/m/y) _____ / _____ / _____ = 1 working day before the real appointment

4 **Type of Grill:**
 Single tooth
 Bridge

Please indicate which teeth the grillz should cover.
(please circle)

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

5 **Material:**
 Non-Precious Metal (Silver in Colour)
 Precious Metal (Yellow gold) - Please specify the percentage of gold: _____%

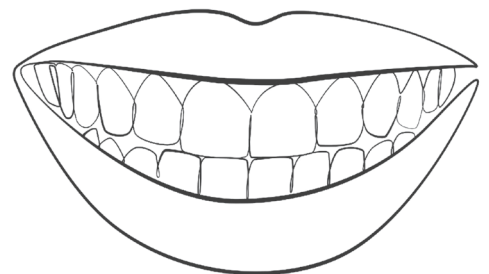
6 **Dental Jewellery:**
 None Yes - Colour _____ Shape of Jewellery _____
(Crystal, Golden, Crystal AB, Scarlet, Golden shadow, Emerald, Sapphire, Vintage rose, Jet)
* Colors availability varies on the shape of the jewellery
(Diamond, Rhombus, Star, Heart, Drop, Star, Rectangle, Square, Canopy, Shuttle, Kite)

Please specify the placement of rhinestones, should they cover each tooth etc.

7 **Instructions.** In detail, please describe or sketch the desired design.



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8 **Pictures? Email to: questions@medimatch.ie**
 I have read, understood, and agreed to the information on terms of sale on the reverse of this page.
 I have enclosed new or old components.
 This is a remake

Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit 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



TERMS OF SALE

As part of our commitment to transparency and the highest standards of patient care, we would like to bring to your attention some important considerations regarding the production of grillz.

Please be advised that any grillz produced by MediMatch Dental Laboratory are manufactured strictly in accordance with the prescriptions and specifications provided by the prescribing dentist. The responsibility for discussing potential choking hazards, as well as the risk of tooth damage associated with wearing this dental device, lies solely with the prescribing dentist.

It is imperative that, before dispensing any grillz to your patients, you thoroughly discuss these potential risks with them, taking into consideration their individual dental health and lifestyle. Emphasizing proper care and usage guidelines is essential to minimizing any potential adverse effects.

MediMatch Dental Laboratory wants to make it clear that we are not liable or responsible for any damage caused to the patient as a result of wearing the grillz. Our role is strictly limited to the accurate execution of the prescriptions provided by the dentist.

We encourage you to engage in open and comprehensive discussions with your patients regarding the nature of the dental device, its proper usage, and the associated risks. Informed consent should be obtained from the patient after a thorough consultation, and any questions or concerns they may have should be addressed accordingly.

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