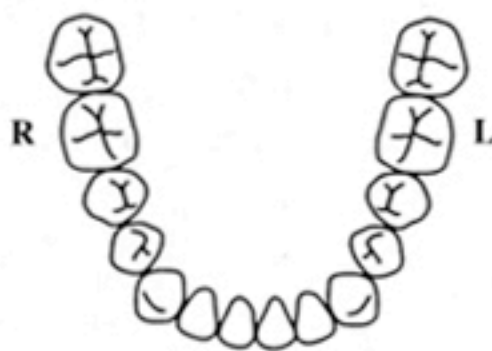
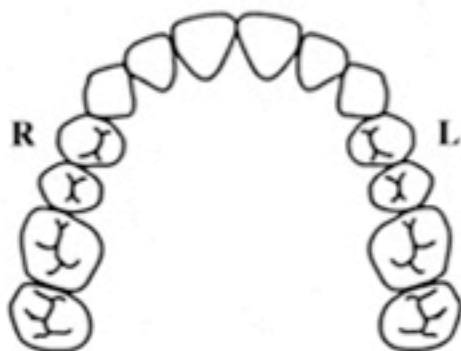




# P. Lawlor & Sons

ORTHODONTIC LABORATORIES

<b>P. LAWLOR &amp; SONS</b> <b>24 GROSVENOR ROAD</b> <b>RATHGAR</b> <b>DUBLIN 6</b> <b>TEL/FAX: 01 497 7971</b>		Practice/Clinic/Hospital	
		This is a custom made device for the exclusive use of: Patient's Name	
		Clinician	Technician
Date In	Date Out	Impression Date	Date for Finish



Appliance Objectives and Wire Specifications

# SAMPLE

## STATEMENT

This device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC). Those relevant essential requirements not met and the reasons why are listed on the attached sheet (Tick if appropriate )

Signed: ..... Date: .....

Please send white and green copy to Orthodontic Laboratory, retain pink copy for your reference.