

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

MediMatch dental laboratory



www.medimatch.co.uk

T: 020 3875 8530

MHRA: 8879 • Damas • DLA member • Unit 2, The Works, Colville Road, London, W3 8BL • United Kingdom Acc./PO no.: Dr. (name) GRILLZ Post code: Mobile: *No patient personal data* PRIVAT Your case reference: _ Initials: Delivery date Always give us 10 full working days from scan only __/ ____ = 1 working day before the real appointment Type of Grill: Please indicate which teeth the arillz should cover. (please circle) ☐ Single tooth □ Bridge 16 15 14 13 12 11 21 22 23 24 25 26 45 44 43 42 41 31 32 33 34 35 Material: ■ Non-Precious Metal (Silver in Colour) ☐ Precious Metal (Yellow gold) - Please specify the percentage of gold: % **Dental Jewelery:** Please specify the placement of rhinestones, should they cover ■ None ☐ Yes - Colour _ ☐ Shape of Jewelery each tooth etc. (Crystal, Golden, Crystal AB, Scarlet, Golden shadow, Emerald, Sapphire, Vintage rose, Jet) (Diamond, Rhombus, Star, Heart, Drop, Star, * Colors availability varies on Rectangle, Square, the shape of the jewelery Canopy, Shuttle, Kite) **Instructions.** In detail, please describe or sketch the desired design. Browse free design ideas. Pictures? Email to: questions@medimatch.co.uk ☐ 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 medimatch.co.uk

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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.

GRILLZPRIVATE