Certificate of Manufacture

Custom Made and Related Devices

Patient Name: .....

Dentist Name: .....

RX no: .....

No of items	Description Of Task (9000 codes may be used)	Checked (yes/no)	Referred back to Dentist (by)	Materials used (lot no's and expiry dates)	Setting / Settings/ Time/ Furnace Programmes	Work Completed (by)	Quality Control (by)

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