Business Reply Licence Number RTUR-TRKE-SRLU







S4S (UK) Limited 151 Rutland Road Sheffield S3 9PT



PRESCRIPTION FORM

LAB USE ONLY

S4S (UK) Limited, 151 Rutland Road, Sheffield S3 9PT



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Registered with the UK Competent Authority. MHRA Ref: 6685.

PRESCRIBING CLINICIAN	vitalisse professional teeth whitening
Practice: Address: Tel: Email:	Full Kit (Incl. Ultra-seal Trays, 4x Gels, 1x Sensitivity Serum, 1x Smile Maintenance Kit) Select Gel: Mixed (default - x2 Day, x2 Night) Night (x4) Day (x4) Select Trays: Ultra-Seal Trays (Default) Armadillo Trays (Hybrid whitening-retainer, ideal for post-ortho treatment)
Custom made medical device for the exclusive use of: Patient Name/Ref: PO no: ENCLOSURES: Disinfected? Y N Models Y N N Impressions: Appliance Silicone U L Bite Alginate U L Facebow	OCCLUSAL SPLINT TYPE SCi+ (lab-made SCi) Include fully protrusive & retrusive bite records DAASA Include fully protrusive & retrusive bite records Wichigan/Tanner Recommended: face bow & CR bite, 2mm open BK Splint Soft Bite Raising Appliance 3mm standard thickness Hard Bite Raising Appliance 2mm standard thickness Nightguard 3mm dual-laminate material
Other	SNORING & SLEEP APNOEA Sleepwell Panthera 3D Nylon Please contact the lab for requirements Dorsal Please provide protrusive bite record Silensor Please provide protrusive bite record Negus Please provide protrusive bite record WHITENING TRAYS ONLY Ultra-Seal Trays Armadillo Trays (Hybrid whitening-retainer, ideal for post-ortho treatment) U
- No additional charges	RETENTION Essix VFR DURATAIN Ultra Strength VFR Bonded with Placement Jig Standard Twist Flex Armadillo Trays (Hybrid whitening-retainer, ideal for post-ortho treatment) MULTI-RETAINER OFFERS Discounted prices available - see latest price list. Each option applies to one patient only and all sets are shipped together. DURATAIN U&L Sets X2
S _{imm}	Smilelign SMILE Protex ORTHODONTICS We also have prescriptions available for the above products. To download a copy, please visit s4sdental.com/free-resources.
ADDITIONAL NOTES CLINICIAN SIGNATURE:	DATE:

device is intended for exclusive use by this patient and conforms to the relevant essential requirements specified in Annex 1 of the Medical Devices Directive and the United Kingdom Medical Devices Regulations. This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use. Storing, handling and instructions of use: The appliance is supplied in a non-sterile condition. It is recommended that before use this medical device is stored in a clean and safe environment that prevents it from coming into contact with materials, equipment, acids, alkalines or bleaches that could cause physical or chemical damage. The device should not be subjected to extremes of temperatures when stored. You should take care when removing the device from its model. Where applicable, instructions on how to clean this device may be obtained from the prescriber. This prescription has been placed under S4S T&Cs of supply and it is assumed that you have complied with any other associated documentation, e.g. Patient Pre-screening Questionnaire for MAS Therapy. *Express Service is available on most products, please check with S4S for further information.