IMPORTANT: From 23/04/2025 all cases to be sent to LUMIWHITE Laboratory (see details below) LUMILOCK RETAINERS PRESCRIPTION FORM LUMILOCK RETAINERS are exclusively manufactured by LUMIWHITE Laboratory

From 23/04/2025 all cases to be sent to LUMIWHITE Laboratory (see details below)

1. PATIENT NAME	2. PATIENT DOB	3. RETURN DATE
4. DENTIST NAME	5. PRACTICE NAME AND ADDRESS	6. PRACTICE TELEPHONE NUMBER
_/\		
	7. SPECIFICATIONS	
LUMILOCK RETAINERS are non-scall	oped as standard. However, we are more than happy to custor	nise them to any specification you require.
1 LUMILOCK RETAINER (Upper) 2 LUMILOCK RETAINERS (Upper)	oped as standard. However, we are more than happy to custor x1 LUMILOCK RETAINER (Lower) x2 LUMILOCK RETAINERS (Lower) x2 LUMILOCK RETAINERS (Dual-Arch)	nise them to any specification you require. RETAINERS TO EXTEND
1 LUMILOCK RETAINER (Upper) 2 LUMILOCK RETAINERS (Upper) 1 LUMILOCK RETAINERS (Dual-Arch)	□ x1 LUMILOCK RETAINER (Lower) □ x2 LUMILOCK RETAINERS (Lower)	
LUMILOCK RETAINERS are non-scall 31 LUMILOCK RETAINER (Upper) 32 LUMILOCK RETAINERS (Upper) 31 LUMILOCK RETAINERS (Dual-Arch) Iditional notes:	□ x1 LUMILOCK RETAINER (Lower) □ x2 LUMILOCK RETAINERS (Lower)	
a1 LUMILOCK RETAINER (Upper) 22 LUMILOCK RETAINERS (Upper) 11 LUMILOCK RETAINERS (Dual-Arch)	□ x1 LUMILOCK RETAINER (Lower) □ x2 LUMILOCK RETAINERS (Lower)	
at LUMILOCK RETAINER (Upper) 22 LUMILOCK RETAINERS (Upper) 21 LUMILOCK RETAINERS (Dual-Arch) Iditional notes:	□ x1 LUMILOCK RETAINER (Lower) □ x2 LUMILOCK RETAINERS (Lower)	RETAINERS TO EXTEND
1 LUMILOCK RETAINER (Upper) 2 LUMILOCK RETAINERS (Upper) 1 LUMILOCK RETAINERS (Dual-Arch) ditional notes:	x1 LUMILOCK RETAINER (Lower) x2 LUMILOCK RETAINERS (Lower) x2 LUMILOCK RETAINERS (Dual-Arch)	RETAINERS TO EXTEND
I LUMILOCK RETAINER (Upper) 2 LUMILOCK RETAINERS (Upper) I LUMILOCK RETAINERS (Dual-Arch) ditional notes: 8. SECTION BELO	x1 LUMILOCK RETAINER (Lower) x2 LUMILOCK RETAINERS (Lower) x2 LUMILOCK RETAINERS (Dual-Arch) DW TO BE COMPLETED BY LABORATORY P	RETAINERS TO EXTEND ERSONNEL ONLY

10. SEND YOUR IMPRESSIONS

PLEASE POST PHYSICAL IMPRESSIONS TO LUMIWHITE LABORATORY: First Floor, 3 Axis Court, Nepshaw Lane South, Leeds LS27 7UY

Download & Print Freepost Label (www.lumiwhite.com/freepostlabel.pdf)

CONNECT YOUR SCANNER:

Transfer digital impressions directly to LUMIWHITE Laboratory

(www.lumiwhite.com/connect-your-scanner)

Your attention is drawn to the following statement: This custom-made medical device will be manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above-named patient. This medical device is intended for exclusive use by this patient and conforms to the relevant requirements specified in Annex 1 of the Medical Devices Directive and the United Singdom Medical Device Regulations. This statement does not apply to medical devices the have been repaired and/or refurmithed for an individual patient's use. It is recommended that this device is stored in a clean and safe environment that prevents it from coming intended to the control of the patient of the control of the patient of the patient