



3D Print Log

for validated digital workflows from DMG

Order details

Dental practice Laboratory

Name of dental practice/laboratory _____

Order number _____

Street _____

Patient ID _____

Town /
Postcode _____

Print date _____

Phone _____

Person responsible _____

Devices used <input type="checkbox"/> DMG 3Demax SN _____ <input type="checkbox"/> DMG 3Delite SN _____ <input type="checkbox"/> DMG 3Dewash SN _____ <input type="checkbox"/> DMG 3Decure SN _____	<input type="checkbox"/> Other, please state _____ _____ SN _____
Maintenance/calibration Date of last ACCS sensor calibration _____ Date of last printer calibration _____ Date of last maintenance of above listed devices _____	
Material used <input type="checkbox"/> from DMG _____ LOT number _____	<input type="checkbox"/> Other _____ _____ _____ LOT/batch number _____

The print object created for the above patient ID was produced using the devices and material listed above. The sequence and the parameters specified for the named material were fully complied with in accordance with the DMG validated workflow as per DMG's recommendations.

Date

Signature

Optional stamp