# 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 _____

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### Devices used

SN _____    ☐ **Other, please state**

SN _____    _____

SN _____    _____

SN _____

### Maintenance/calibration

Date of last ACCS sensor calibration _____

Date of last printer calibration _____

Date of last maintenance of
above listed devices _____

### Material used

☐ **from DMG** _____    ☐ **Other** _____

LOT number _____    _____

LOT/batch number _____

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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

20012022