

Perio Tray® Prescription Form

Doctor:			Phone:		
Practice name:			Fax:		
SHIPPING address:			Email:		
City:	Prov:	Postal C:	DATE SHIPPED:		DATE DUE:
PATIENT'S FULL NAME (PRINT CLEARLY):			Age:		
<p>Allow 2 WEEKS from date RECEIVED by LAB. Rush Fees and extra shipping costs will be assessed if due date is sooner than 2 weeks of day received.</p> <p style="text-align: center;"><input type="checkbox"/> RUSH</p>					

Perio Tray® Type:

<input type="checkbox"/> Periodontitis:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Upper</td> <td style="text-align: center; font-size: small;">Lower</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Upper	Lower	<input type="checkbox"/>	<input type="checkbox"/>
Upper	Lower				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Gingivitis:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Upper</td> <td style="text-align: center; font-size: small;">Lower</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Upper	Lower	<input type="checkbox"/>	<input type="checkbox"/>
Upper	Lower				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Maintenance Tray(s):	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Upper</td> <td style="text-align: center; font-size: small;">Lower</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Upper	Lower	<input type="checkbox"/>	<input type="checkbox"/>
Upper	Lower				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Include Homecare Kit with Trays - \$40					

ENCLOSE THE FOLLOWING:

- PRESCRIPTION FORM
- MODEL(S) - with sufficient gum exposure and no flaws
-OR-
- IMPRESSION(S) - Lab fee to pour up models: **\$17.25/arch**
- POCKET PROBING ANALYSIS (RECENT)

Please note all PONTICS and indicate any special modifications:

Please note these important details:

- Use Type III Denstone® or Labstone®.
- **Do NOT trim models.**
- Proper tray fabrication requires good models with buccal, lingual and distal flange extensions 1/4 inch beyond sulcus, as well as gingival detail. Model quality should be inspected by doctor prior to shipment. (Check for accuracy before patient departs.)
- **All cases must have a Periodontal Pocket Probing Analysis.**
- Ship in sturdy cardboard box. Wrap models individually and carefully with bubble wrap or similar to avoid breakage. Fill box completely with packing material.

REQUESTED MATERIAL:

- Shipping boxes
- Pre-paid shipping labels
- Prescription forms

Doctor's signature:	Date:
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SEND TO	Universal Dental Laboratories Ltd. 10735-107 Avenue Edmonton, AB, Canada T5H 0W6
FAX	780.425.4610

