

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><input type="checkbox"/> RUSH</p>					

Perio Tray® Type:

Periodontitis:

Upper	Lower
<input type="checkbox"/>	<input type="checkbox"/>

Gingivitis:

Upper	Lower
<input type="checkbox"/>	<input type="checkbox"/>

Maintenance Tray(s):

Upper	Lower
<input type="checkbox"/>	<input type="checkbox"/>

Include Homecare Kit with Trays - \$40

Please note all PONTICS and indicate any special modifications:

ENCLOSE THE FOLLOWING:

PRESCRIPTION FORM

MODEL(S) - with sufficient gum exposure and no flaws
-OR-

IMPRESSION(S) - Lab fee to pour up models: **\$19.00/arch**

POCKET PROBING ANALYSIS (RECENT)

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

