

UNIVERSAL DENTAL LABORATORIES LTD. A PERIO PROTECT[®] PARTNER LAB

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PERIO TRAY® PRESCRIPTION FORM					
Doctor			Phone		
Practice Name			Fax		
Shipping Address			Email		
City/Prov/Postal Code			Date Shipped:	Date Due:	
Patient's Full Name: Age: (Print Clearly)			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. RUSH		
Perio Tray® Type:		ENCLOSE THE FOLLOWING:			
Periodontitis: Upper Lowe Gingivitis Upper Lowe Upper Lowe Depen Lowe Upper Lowe	Upper Lower Upper Lower Upper Lower		PRESECRIPTION FORM MODEL(S) - WITH SUFFICIENT GUM EXPOSURE AND NO FLAWS - OR - IMPRESSION(S) - LAB FEE TO POUR UP MODELS: \$22/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:		