

**PERIO PROTECT TRAY®
PRESCRIPTION**



PLEASE PRINT

Account # C0 _____ **PO #** _____

B I L L I N G PRACTICE TYPE: _____
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

DOCTOR: _____

ADDRESS: _____
(Specify if ship to address is different)

A D D R E S S CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

FAX: (____) _____

EMAIL: _____

PATIENT: _____ AGE: _____

PLEASE PRINT

DATE SHIPPED: _____

DATE DUE: _____
1 day before appointment

LAB USE ONLY Incoming # cases _____

Customer Used: GLO Acct 2 Day On Call

Portal Upload - No Frt (00) Cust Acct - No Frt (00)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: _____

B# _____ Via: _____

Shipment Date _____ Planned Shipment Date _____

(QC): _____ (LPD): _____

Estimated Delivery Date _____ Promised Delivery Date _____

ND _____ (Rec): _____

NO BITE / MDL - B / C Source: _____

Campaign: _____

Align ID# _____ Dig ID# _____

Please Provide: Boxes Labels Rx (specify appl. type): _____

Qty: _____

Perio Tray®

IMPORTANT!

- Model quality, buccal, lingual and distal flange extension as well as gingival detail is vital to proper tray fabrication.
- Unless noted the lab will provide the patented seal preparation for the full arch.
- For the most accurate seal please provide bleeding index and/or pocket probing analysis.
- Lingual attachments will remain unless noted to carve.

TRAY TYPE:

- Gingivitis:** Both Upper Only Lower Only
- Periodontitis:** Both Upper Only Lower Only
- Maintenance Tray:** Both Upper Only Lower Only

Please indicate tooth #'s below if seal preparation must be modified.

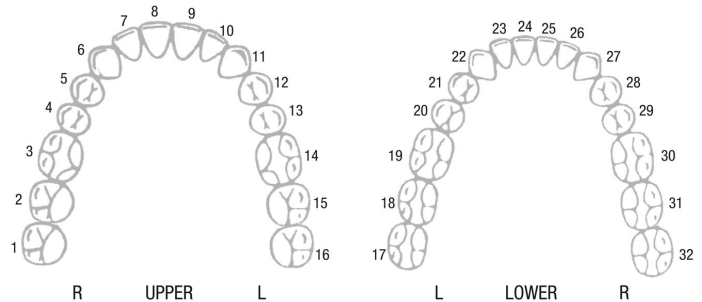
- Please send complete Home Care Kit (additional)
- Please duplicate my models (additional)
- Please provide custom impression trays (additional)

Master Rx on File # _____

Special Instructions: _____

PLEASE NOTE: As per the Food and Drug Administration Code of Federal Regulations, Title 21, Parts 800-898, Perio Trays® must be fabricated by a laboratory registered with the Food and Drug Administration and using good manufacturing practices. Any violations of this act are violations of federal law.

LAB USE ONLY:



License #: _____

Dr. Signature: _____