

**PERIO PROTECT TRAY®  
PRESCRIPTION**



**PLEASE PRINT**

**Account # LO** \_\_\_\_\_ **PO #** \_\_\_\_\_

**B** PRACTICE TYPE: \_\_\_\_\_  
(i.e., ortho, GP, pedo, prosth, oral surgeon, commer. lab)

**I** DOCTOR: \_\_\_\_\_

**L** ADDRESS: \_\_\_\_\_  
(Specify if ship to address is different)

**I** CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**N** PHONE: (\_\_\_\_) \_\_\_\_\_

**D** Provide Country & City Code FAX: (\_\_\_\_) \_\_\_\_\_

**R** EMAIL: \_\_\_\_\_

**S** PATIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

**PLEASE PRINT**

DATE SHIPPED: \_\_\_\_\_

DATE DUE: \_\_\_\_\_  
1 day before appointment

**LAB USE ONLY** Incoming # cases 1 2 3 4 5+

Customer Used:  GLO Acct  2 Day On Call

Portal Upload - No Frt (99)  Cust Acct - No Frt (99)

Disinfected 0 1 2 3 4 5 6 7 8 9

Rcvd: \_\_\_\_\_

B# \_\_\_\_\_ Via: \_\_\_\_\_

QC: \_\_\_\_\_ LPD/Shp: \_\_\_\_\_

Needs DD Call Rec: \_\_\_\_\_

NO BITE / MDL - B / C Source: \_\_\_\_\_

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: \_\_\_\_\_

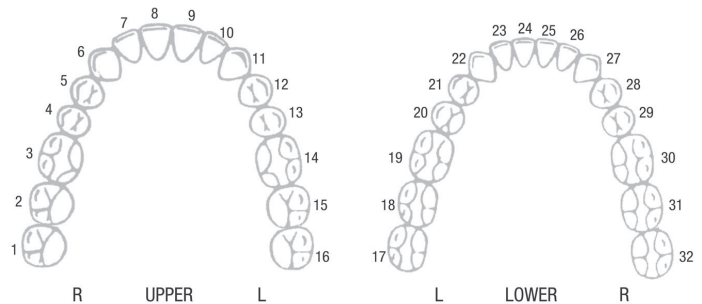
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_