

Perio Protect LABORATORY

Perio Tray™ Prescription Form

Doctor/Group			Phone	
Practice name			Email	
SHIPPING address			If script is for a team member, list TEAM MEMBER office role	
City	State	Zip	DATE SHIPPED	DATE DUE
PATIENT'S FULL NAME (PRINT CLEARLY)		Team Member?	Chart number	

We strive to return cases within one week of DATE RECEIVED by LAB.

For models and impression shipped, check your lab portal email for arrival date.

RUSH Rush fees & extra shipping costs accessed if case is needed sooner.

Perio Tray™ Type:

Periodontitis:

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

Gingivitis:

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

Second Set:

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

REMAKE for improper fit?

Please note any modifications needed to fabricate trays.
If this case is a remake for improper fit at delivery, please provide details. For special shipping requests, **please provide details.**

ENCLOSE or EMAIL THE FOLLOWING:

PRESCRIPTION FORM

PERIO CHART

Cases with incomplete probings or with NO probing chart will be fabricated with a universal seal. Please choose Perio Tray™ type (to the left).

MODEL(S) or IMPRESSION(S)

-OR-

DIGITAL SCANNER TYPE:

Please note these important details:

- **Take a deep impression/scan and capture accurate dentition approximately 4mm beyond gingival margin.**
- Visit www.perioprotect.com/connect for scanner information.
- For impressions use wax to build up tray periphery.
- Debubbler recommended for model pouring.
- Refrain from model repairs, contouring, wet trimming. Package carefully and individually to avoid damage.
- Cases are processed immediately upon receipt.
- Only send cases when patient is committed to treatment.
- You will have access to a lab portal to review cases. **Contact your rep to provide the best email address(es) for the portal.**
- Models or scans that require guesswork have no guarantee.

REQUESTED MATERIAL:

Shipping boxes

Homecare Kit

Prescription forms

Tube Squeeze

Pre-paid shipping labels

Perio Gel Bundle

Doctor's signature	Date	DR. INITIALS <input style="width: 50px; height: 20px;" type="text"/> I have reviewed and approved these impressions.
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PLEASE NOTE: As per the Food and Drug Administration Code of Federal Regulations, Title 21, Parts 800-898, Perio Tray™ carriers 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.

UPDATED: 7/25/2023

SEND TO

Perio Protect LABORATORY
9701 Green Park Industrial Drive
St. Louis, MO 63123