

SPECIALISTS IN APPLIANCE THERAPY FOR ADULTS AND CHILDREN

Perio Protect, LLC PRESCRIPTION FORM

Dr. _____
 Address _____
 City _____
 State _____ Zip _____
 Phone () _____
 Date Sent _____
 Patient: _____
 REQUESTED RETURN DATE: _____

- Please send complete home care kit with trays
 Please send trays only

Provide The Differential Diagnosis

- GINGIVITIS cases, end to the dental laboratory
1. Models without flaws and with sufficient gum exposure
 2. A Bleeding index (copy)
 3. A laboratory prescription for the Perio Treatment Tray.
- PERIODONTITIS cases, send to the dental laboratory
1. Models without flaws and with sufficient gum exposure
 2. A periodontal probing analysis (copy)
 3. A laboratory prescription for the Perio Treatment Tray.
- PERIO MAINTENANCE TRAY™ for patients who have restored oral health.
1. Models without flaws and with sufficient gum exposure.
 2. A laboratory prescription for the Perio Maintenance Tray.

Enclosed in Shipping Box:

- Impression Model
 Bleeding Index Pocket Probing Analysis

Special Instructions and Designs:

- Upper Tray
 Lower Tray

Fabricate Custom Impression Trays

- Upper Lower

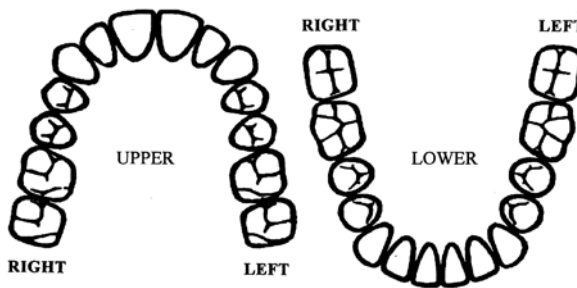
\$18.95 Per Arch

Please send:

- Postage Free Shipping Labels Shipping Boxes
 Prescription Forms Other: _____

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.

Doctor's Signature _____ License# _____



ADDITIONAL DESIGN INFORMATION IS AVAILABLE UPON REQUEST
CALL: 1-800-325-8921 IN MISSOURI: (314) 533-3440