SML
SPACE MAINTAINERS LABORATORIES

PerioProtect

TOLL FREE
Calgary 1-800-661-1169
Ottawa 1-800-267-7040
Toronto 1-800-268-4294
Vancouver 1-800-663-1721

PERIO PROTECT RX

ACCOUNT # _____ No 001001

DR. _____

ADDRESS _____

CITY _____ PROV. _____ PO _____

PHONE _____ DATE SENT _____

REQUESTED RETURN DATE: _____

PATIENT'S FULL NAME (Important - Please Print Clearly)

_____

ENCLOSED IN SHIPPING BOX:
☐ IMPRESSION ☐ MODEL ☐ BLEEDING INDEX ☐ POCKET PROBING ANALYSIS

SPECIAL INSTRUCTIONS AND DESIGNS:

_____

_____

_____

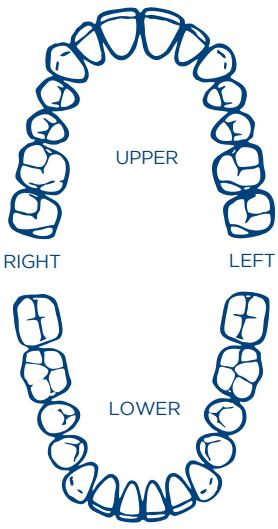
☐ **UPPER** ☐ **LOWER**

FABRICATE CUSTOM IMPRESSION TRAYS
☐ UPPER ☐ LOWER

PLEASE SEND:

☐ POSTAGE FREE SHIPPING LABELS
☐ SHIPPING BOXES
☐ PRESCRIPTION FORMS
☐ OTHER:
☐ PLEASE SEND COMPLETE HOME CARE KIT WITH TRAYS
☐ PLEASE SEND TRAYS ONLY

No 001001



PROVIDE THE DIFFERENTIAL DIAGNOSIS

☐ GINGIVITIS CASES, SEND 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.