Perio Defend BAYSHORE DENTAL STUDIO

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# Perio Defend Prescription Form

| Doctor | | | Phone |
|---|---|---|---|
| Practice Name | | | Fax |
| Shipping Address | | | Email |
| City | State | Zip | DATE SHIPPED / DUE DATE |

| PATIENTS FULL NAME (PRINT CLEARLY) | AGE | CHART NUMBER |
|---|---|---|
| | | |

Allow 10 BUSINESS DAYS from the DATE RECEIVED by LAB

## Perio Defend Type:

| | Upper | Lower |
|---|---|---|
| Periodontitis: | ☐ | ☐ |
| Gingivitis: | ☐ | ☐ |
| Maintenance: | ☐ | ☐ |

**Is this case a REMAKE?** ☐ Yes ☐ No

Please note all **PONTICS** and **IMPLANTS**, and indicate **any special modifications**. If this case involves extractions, note extraction date, tooth numbers and scheduling.

**ENCLOSE THE FOLLOWING:**

- ☐ PRESCRIPTION FORM
- ☐ RECENT PERIO CHART
  Cases with incomplete probings or NO probing chart will be presumed to be WITHIN NORMAL LIMITS (3mm) or as type selected, for our purposes.
- ☐ MODEL(S)
  (with sufficient gum exposure and no flaws)
  -OR-
- ☐ IMPRESSION(S)

***Please note these important details:***

- Take a deep impression and capture accurate definition and approximately 4mm beyond gingival margin.
- You may use a mandibular arch on the maxillary for gaggers.
- Use utility or rope wax to build up the tray periphery.
- Use Type III denstone or labstone.
- Models should have as few bubbles and voids as possible. Debubbleizer is recommended.
- Refrain from model repairs and wet trimming.
- Package models carefully and individually to avoid damage.
- When shipping several cases in one box, each case should be separated and clearly labeled.
- Extra fees may apply to repair or rebuild models.

**REQUESTED MATERIAL:**

- ☐ Shipping boxes
- ☐ Prescription forms
- ☐ Pre-paid shipping labels

| Doctor's Signature | Date |
|---|---|
| | |

| Dr Initials | |
|---|---|
| | I have reviewed and approved these impressions |

| **SEND TO** | Bayshore Dental Studio<br>501 E Jackson St<br>Tampa, FL 33602 |
|---|---|