# Perio Restore™ Rx Form

## Customer Information

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>□ MALE</th>
<th>□ FEMALE</th>
<th>AGE</th>
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<tr>
<th>ACCOUNT NUMBER</th>
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<th>DR. / OFFICE NAME</th>
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<tr>
<th>OFFICE ADDRESS</th>
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<th>EMAIL</th>
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<th>PATIENT PERIO CHART NUMBER</th>
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## Tray Information

1. **Tray(s) Requested** □ Upper □ Lower □ Both

2. **Pontics & Modifications**
   - Please note all pontics and indicate any special modifications.
   - If this case involves extractions, note extraction date, tooth numbers and scheduling.

   **Digital extraction?**
   - □ Yes (lab will remove indicated teeth from tray)
   - □ No

3. **Enclose the Following**
   - □ Prescription Form
   - □ Impression(s)
   - □ Recent Perio Chart

## Important Details

- Check impression tray fit (you may want to use a mandibular arch on the maxillary for gaggers).
- Use rope wax to build up the tray periphery.
- Take a deep impression.
- Check for clear gingival margins and for 4mm of tissue beyond the gingival margin.
- Be sure to capture every tooth and 4mm distal to the last molar.

## Additional Comments

## Contact Information

**We are here for you Monday through Friday from 6 a.m. to 5 p.m. Please feel free to contact our Customer Service team:**

1. **Email us at:**
   lab@denmat.com

2. **Call us at:**
   - 800-872-8384 (Lab)
   - 800-433-6628 (Main)

3. **Write us at:**
   - DenMat Lab
   - 1017 W. Central Avenue
   - Lompoc, CA 93436 USA
   - Attn: Lab Customer Service

[Check case status or upload cases at: denmat.com/labonline]

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**Perio Restore Terms & Conditions**

For limited warranty and other specified terms and conditions, please visit www.denmat.com/labpolicies

[DenMat Lab]

1017 W. Central Avenue
Lompoc, CA 93436 U.S.A.

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800-433-6628 (Main)
lab@denmat.com

**Customer Information Shipping & Delivery Options Perio Restore Terms & Conditions**

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**We thank you for your business.**

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