

Perio Restore™ Rx Form

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

800-872-8384 (Lab)
800-433-6628 (Main)
lab@denmat.com



Customer Information

PATIENT _____ MALE FEMALE _____ AGE _____

ACCOUNT NUMBER _____

DR. / OFFICE NAME _____

OFFICE ADDRESS _____

PHONE _____ EMAIL _____

PATIENT PERIO CHART NUMBER _____

Shipping & Delivery Options

All delivery days are listed in lab working days, starting from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information). Working days do not include the date the case is shipped, time in transit, weekends or holidays.

7 working days from date case is received by DenMat Lab.

Standard 7-day turnaround time (no charge)

Shipping address:

DenMat Lab
1017 W. Central Avenue
Lompoc, CA 93436 USA

Perio Restore Terms & Conditions

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

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

We thank you for your business.

PerioRestore™
Professional At-Home Perio Treatment

Tray Information

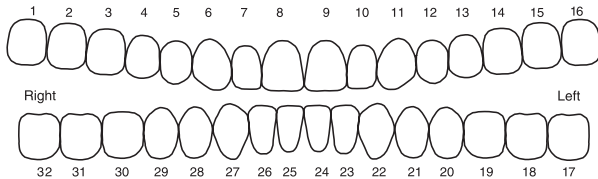
1. **Tray(s) Requested** Upper Lower Both

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

Additional Comments

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.

Authorization

DOCTOR NAME: _____

DOCTOR SIGNATURE: _____

LICENSE NUMBER: _____

DenMat Lab Use Only

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

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