SML®
SPACE MAINTAINERS LABORATORIES

Specialists In Appliance Therapy For Adults And Children

Toll Free
Calgary 1-800-661-1169
Ottawa 1-800-267-7040
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PERIO PROTECT RX

Account # _____

Dr. _____

Address _____

City _____ Prov. _____ PO _____

Phone _____ Date Sent _____

Patient's Full Name (Important - Please Print Clearly)

_____

Return Date: _____

Enclosed In Shipping Box:

☐ Impression ☐ Model ☐ Bleeding Index ☐ Pocket Probing Analysis

Special Instructions And Designs:

_____

_____

_____

Perio Protect Trays

☐ **Upper** ☐ **Lower**

☐ Please Send Complete Home Care Kit With Trays

☐ Please Send Trays Only

Maintenance Trays

☐ **Upper** ☐ **Lower**

☐ 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.