



FILL OUT FORM COMPLETELY EVERY TEST | FOLLOW TESTING INSTRUCTIONS CLOSELY

### Testing Practice Information:

Practice Name:	Contact Person:
Practice Address:	Contact Title/Position:
City, State & Zip:	Contact Email: <i>&gt; Test results will be sent to this email</i>
Phone:	Compliance Officer Email: <i>&gt; Test results will be CCed to this email</i>

### Waterline Treatment Protocol Information (Select All That Apply):

<b>A. USING WATER BOTTLES:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. SOURCE WATER:</b> (We fill our bottles from...)	<input type="checkbox"/> Municipal / Tap Water <input type="checkbox"/> Bottled Spring <input type="checkbox"/> Bottled Distilled <input type="checkbox"/> Filter, Distiller, or R/O Unit (Brand: _____ )
<b>C. SHOCK(S) USED:</b>	<input type="checkbox"/> Diluted Bleach Solution <input type="checkbox"/> Liquid Ultra (Pink Stuff) <input type="checkbox"/> Citrisil Shock <input type="checkbox"/> Never Shocked <input type="checkbox"/> Other: _____    Date of Last Shock: _____ / _____ / _____ <small>Month                      Day                      Year</small>
<b>D. DAILY TREATMENT USED:</b>	<b>Tablets:</b> <input type="checkbox"/> BluTab <input type="checkbox"/> ICX <input type="checkbox"/> Citrisil/Citrisil Blue <input type="checkbox"/> Other: _____ <b>Straws:</b> <input type="checkbox"/> BluTube <input type="checkbox"/> Hu-Friedy <input type="checkbox"/> DentaPure <input type="checkbox"/> Sterisil V2 <input type="checkbox"/> Other: _____ <small>(# Cartridges)</small> <b>Straw/Cartridge Install Date:</b> _____ / _____ / _____ <small>Month                      Day                      Year</small> <b>Central Systems:</b> <input type="checkbox"/> OSO Pure <input type="checkbox"/> VistaClear <input type="checkbox"/> Sterisil G4/G5 <input type="checkbox"/> Other: _____

### Test Sampling Information: *What date did you take water samples?*

FOR LAB USE ONLY	Vial Number	Operatory # or Name	Device(s) or Source Water	Date			Additional Information
				Month	Day	Year	
	1		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	2		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	3		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	4		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	5		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	6		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	7		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	8		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	9		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	10		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	11		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	12		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	13		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	14		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	15		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A
	16		AW Syringe   Highspeed Handpiece   Slowspeed Handpiece   Scaler   Pooled/Combined   Source Water				Dr. Side   Asst. Side   N/A



# You've got a partner in waterlines.

Learn more at [ProEdgeDental.com/Partner](https://ProEdgeDental.com/Partner)



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