

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: <small>&gt; Test results will be sent to this email</small>
Phone:	Compliance Officer Email: <small>&gt; Test results will be CCed to this email</small>

**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>(&amp; 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	Additional Information
	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)



888.843.3343 | [support@proedgedental.com](mailto:support@proedgedental.com) | [ProEdgeDental.com](https://ProEdgeDental.com)  
7042 S Revere Pkwy, Ste 400, Centennial, CO 80112