



10 - 13

THEIR PROTECTION
YOUR ASSURANCE

DENTAL WATER SAFETY Waterline Test Submission Form

ProEdgeDental.com | 888.843.3343 | 7042 S Revere Parkway #400, Centennial, CO 80112

FILL OUT ENTIRE FORM COMPLETELY FOR EVERY TEST - FOLLOW TESTING INSTRUCTIONS CLOSELY

Practice Information: New Customer Returning Customer

Practice Name: Larry R Goldstein, DDS, PC Contact Person: Larry Goldstein

Practice Address: 2606 Abbey Court Contact Title/Position: _____

City, State & Zip: Alpharetta, GA 30004 Contact Email: blackbirdsix@gmail.com
* Test results will be sent to this email

Phone: (678) 458-8404 Fax: 888-844-4037 Compliance Officer Email: blackbird6@pm.me
* Test results will be CCed to this email

Waterline Treatment Protocol Information (Select All That Apply):

A. TREATMENT PRODUCT(S) USED:

BluTab ICX

Citrisil/Citrisil Blue DentaPure Straw/Cartridge

Sterisil Straw Other _____

Install Date: _____

Shock Prior to Install: Yes No

B. SHOCK PRODUCT(S) USED:

Bleach Citrisil Shock

Sterilox Ultra Other _____

Date of Last Shock: 22 MAY 20

Never Shocked:

C. OTHER TREATMENT SYSTEMS:

Sterisil System

Vista System

Other _____

D. USING WATER BOTTLES:

Yes No

E. SOURCE WATER (We fill our water bottles from...):

City Water/Tap Other (e.g. Delivered): _____

Bottle Distilled In-Office Filter, Distiller or R/O Unit (Brand: Tuft+now)

Received on
JUL 07 2020
by Diana

Test Sampling Information:

SAMPLING DATE: _____

* What date did you take water samples from your office?

DO NOT RETURN SHIP SAMPLES TO LAB ON FRIDAYS

FOR LAB USE ONLY ProEdge Sample #	Vial Number	Location (Circle One)	Room/Chair/Operator #	Device or Source Water (Circle One)	Notes or Other Information
10	1	Room <u>Chair</u> Operator	1	<u>AW Syringe</u> Handpiece Scaler Source Water	
11	2	Room Chair <u>Operator</u>	1	AW Syringe Handpiece <u>Scaler</u> Source Water	
12	3	Room <u>Chair</u> Operator	2	<u>AW Syringe</u> Handpiece Scaler Source Water	
13	4	Room <u>Chair</u> Operator		<u>AW Syringe</u> Handpiece Scaler Source Water	
	5	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	6	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	7	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	8	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	9	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	10	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	11	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	12	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	13	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	14	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	15	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	
	16	Room Chair Operator		AW Syringe Handpiece Scaler Source Water	

The guidelines outlined by the Center for Disease Control (CDC) for bacteria in water used as a coolant/irrigant for non-surgical dental procedures should be as low as reasonably achievable, and, at a minimum ≤ 500 CFU/mL. Your practice's water samples will be tested against this CDC standard for dental water safety.

DUWL15204

Questions?
Call us today at 888.843.3343

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