

Doctor Information	
Name	
Address	
City, ZIP Code, State	
Phone	Fax
E-Mail (required)	



Doctor Order Form

Molecular Biological Detection
of Periodontopathogenic Bacteria

1

Patient Information	
Last name of patient	
First name of patient	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth (MM/DD/YY)	

See sampling instructions on back!

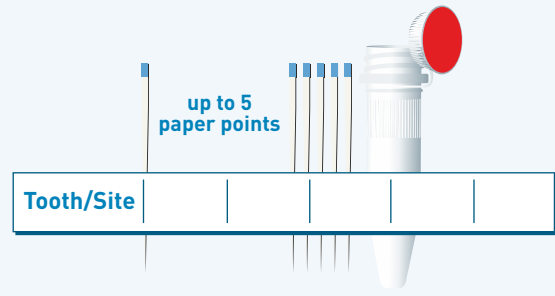
2

Multi-site sample with micro-IDent^{® plus} for the detection of 11 periodontal pathogens Price: US \$ 109

Date of sampling

Maximum pocket depth mm

Very important: Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the greatest threat to health plus will provide the most important microbiological information. Sampling should only take place if patient did NOT undergo any antibiotic treatment, including low-dose, for at least 6 weeks.



3

Smoking Smoker Non-smoker

Antibiotic allergies No Amoxicillin (Penicillin) Metronidazole

Comments

4

Payment **Method of payment**
Test can only be performed if the payment information is complete and valid

Payment by Credit Card

Visa MasterCard American Express Check #

Card Holder Name

Credit Card Number

Security Number

Expiration Date (MM/YY)

Card Holder Signature

SIGN HERE AFTER PRINTING

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Result report Please send test result by E-Mail: Fax

New kits Please send (Number) sampling kits

Control analysis See guidelines overleaf Prev. test #: Date / /

Guidelines for bacterial sampling

Doctor Order Form → A multi-site sample with **micro-IDent® plus** supplies data on quality and quantity of 11 periodontopathogenic bacterial species, and their affiliation to so-called "Bacterial complexes".

- 1 Please record Patient information and Doctor information
- 2 Add date of sampling and maximum pocket depth.
- 3 Fill out the requested information concerning smoking and antibiotic allergies.
- 4 Method of payment must be complete and valid.
- 5 Add respective E-Mail address or fax number.

Prior to sampling →

- Make sure the patient has not been on an antibiotic 6 weeks prior to the day of testing.
- For an optimal result, take the sample prior to using the ultrasonic.
- Please probe prior to sampling, inform the lab of the deepest pocket in the space provided. The deepest pocket will harbor the most aggressive periodontal pathogens.
- Prior to sampling try to remove as much supra gingival plaque as possible with a curette and dry area with a cotton roll.

Directions →

- Using cotton forceps insert one paper point at a time into the 5 deepest pockets. Leave the paper point in this position for 10 seconds. Place the paper point into the transfer tube. Follow this procedure for all 5 paper points.
- Fill out the order form. Very important we need to know doctor name and patient name. When submitting a control analysis, please provide the patient's previous test code (ANA #) and analysis date.
- Fold order back up and place back into the blue case along with the tube. Make sure the blue case is closed securely.
- Place kit into provided UPS pouch and attach label. Please feel free to place as many kits as possible into each UPS pouch. Since the analysis is DNA-based, no special terms of transport must be observed. If necessary, store sample in refrigerator until able to ship out.
- The provided UPS label will need to be placed on front. Keep customer copy for your records.
- We will send result reports via email. We also have an online log in to log in and retrieve result reports online. Please contact us if you need to know your login/password.
- If a control analysis is performed wait at least 6 week post op periodontal therapy.

Kits content: 5 sterile paper points, 1 transfer tube/vial, 1 order form. Store sampling kits at 59°-77°F. For minimum shelf life see bottom of package.

Questions? Call 615.587.2558