



Dental Unit Waterline Testing Order Form

Customer ID # (for current customers) _____ Date _____

Dr. Name (Last) _____ (First) _____

Infection Control Officer _____ Office Name _____

Address _____ City _____ State ____ Zip _____

Phone (_____) _____ - _____ Email _____

DUWL Treatment (Select Table, Straw, or Other)

Tablet: BluTab ICX Citrisil Citrisil Blue Other: _____

How long since last shock treatment? Date: _____ Never Shocked

Shock Used: Sterilex Min t-A-Kleen Citrisil Shock Bleach Other: _____

Straw: Dentalpure Sterisil Straw Other: _____ **Install Date:** _____ **Shock Before Install?** Yes No

Source Water (Bottled Municipal)

City Water Faucet (sink location): _____ Bottled Water

Filter, Distiller, RO Unit (Brand): _____ Other (e.g. delivered): _____

Heterotrophic Plate Count (HPC) - \$89.00
Metals/Minerals Test (MT) - \$115.00

Legionella Testing (LT) - \$190.00
Fluoride Testing (FL) - \$60.00

Operator Number	Instrument Water Line	Test(s) Requested	Bottle Number
Example - Op 2	A/W Syringe Handpiece	HPC/MT HPC/LT	68498 76594

Kits Contents: Collection Vials, Ice Packs, Instruction Sheet, Shipping Envelope, Prepaid Shipping Label
Video of collection process can be found at <https://www.dentisafe.com/pages/resources>