



THEIR PROTECTION
YOUR ASSURANCE

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

DENTAL WATER SAFETY

Waterline Test Safety Report

Practice Information:

Dr. Natalie Lenser DDS
3109 Coffee Rd Ste B, Modesto, CA 95355
209-571-7283

Practice-Reported Treatment Protocol:

<i>Shock:</i>	<i>Shock Date:</i>	<i>Treatment:</i>	<i>Source Water:</i>
Liquid ULTRA	Not Specified	ICX	Bottled Distilled

Test Date: 2/7/2020 Report Date: 2/14/2020

ProEdge Dental Water Labs verifies the tests conducted were accurate and conclusive utilizing R2A Agar testing and advanced neutralization methods.


Richard Vigil, MS
Laboratory Director


Kellie Thimmes
Water Safety Specialist

					<i>Water Lab Results</i>		
ProEdge Sample #	Vial #	Location	Room/Chair/Operator #	Device or Source Water	Microbial Count (CFU/mL)	Waterline Result	*Safety Level
20-08730	1	Operator	Green Op	A/W Syringe	0	PASS	✓
20-08731	2	Operator	Yellow Op	Handpiece	0	PASS	✓
20-08732	3	Operator	Purple Op	A/W Syringe	0	PASS	✓
20-08733	4	Chair	Purple Recall	Scaler	0	PASS	✓
20-08734	5	Chair	Yellow Recall	A/W Syringe	0	PASS	✓
20-08735	6	Chair	Green Recall	A/W Syringe	0	PASS	✓
20-08736	7	Chair	Brown Recall	Scaler	0	PASS	✓

Questions?

Our team of Safe Water Specialists is available to help improve results and teach best practices.

888.843.3343
Support@ProEdgeDental.com
ProEdgeDental.com/Consultation

TNTC = Too Numerous to Count. QNS = Quantity Not Sufficient (of sample water). Pass / Fail results are based on the ≤ 500 CFU/mL standard set by the CDC and ADA.
*Safety Level: Red = Immediate Shock & Retest | Yellow = Immediate Shock | Green = Continue Treatment Protocol. See attached document for more information about your report.
ProEdge Dental Water Labs neutralization methods have been validated by an independent research lab following ASTM E1054-08. For full reports, visit ProEdgeDental.com.



ProEdge
DENTAL WATER LABS

THEIR PROTECTION
YOUR ASSURANCE

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

DENTAL WATER SAFETY

Waterline Test Submission Form

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

Practice Information: New Customer Returning Customer

Practice Name: Dr. Natalie Lenser DDS Contact Person: Kellie Varni

Practice Address: 3109 Coffee Rd. Ste B Contact Title/Position: RDA

City, State & Zip: Modesto, CA 95355 Contact Email: dr.lenser@yahoo.com
* Test results will be sent to this email

Phone: (209) 571-7283 Fax: (209) 571-7285 Compliance Officer Email: Same as above
* 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

SteriSk Straw Other: _____

Install Date: _____

Shock Prior to Install: Yes No

B. SHOCK PRODUCT(S) USED:

Bleach CitriSil Shock

SteriLex Ultra

Other: Crosstex liquid Ultra

Date of Last Shock: _____

Never Shocked:

C. OTHER TREATMENT SYSTEMS:

SteriSil System O-So Pure

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: _____)

Received on
FEB 07 2020
by Madison

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
70	1	Room Chair <u>Operator</u>	<u>green</u>	<u>AW Syringe</u> Handpiece Scaler Source Water	Assistant side
71	2	Room Chair <u>Operator</u>	<u>yellow</u>	<u>AW Syringe</u> <u>Handpiece</u> Scaler Source Water	
72	3	Room Chair <u>Operator</u>	<u>purple</u>	<u>AW Syringe</u> Handpiece Scaler Source Water	Doctor side
73	4	Room <u>Chair</u> Operator	<u>purple</u>	<u>AW Syringe</u> Handpiece <u>Scaler</u> Source Water	
74	5	Room <u>Chair</u> Operator	<u>yellow</u>	<u>AW Syringe</u> Handpiece Scaler Source Water	Doctor side
75	6	Room <u>Chair</u> Operator	<u>green</u>	<u>AW Syringe</u> Handpiece Scaler Source Water	Assistant side
76	7	Room <u>Chair</u> Operator	<u>brown</u>	<u>AW Syringe</u> Handpiece <u>Scaler</u> 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/mistant 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.

DWL7/5/04

Questions?

Call us today at 888.843.3343

4560