Dental Waterline Test Sample Log

Contact Information:

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Date Sample Taken:

_____

Timezone:

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Sample Information					Treatment Protocol					
Vial #	Time Sample Taken	Sample Taken By	Location	Device or Source Water	Product Used	Frequency of Use	Last Shock Treatment	Shock Used	Type of Water	Notes

Questions? Call our Water Support Team at **1-800-483-7433** or visit us at **WaterSupport@Hu-Friedy.com** | Monday to Friday 9AM-5PM CST

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