Ramvac DENTALEZ

Vacuum Piping Request Worksheet

Email completed forms to ramvactechservice@dentalez.com

Dealer Contact: _____ DSX Rep: _____

Phone/Email: _____ Date: _____

Dealer/Location(s): _____

Office Name: _____ Estimated Number of Users: _____

Final Plan? ◯ Yes ◯ No Plan Attached? ◯ Yes ◯ No

1	Vacuum model number: ◯ RV4 ◯ RV5 ◯ RV7 ◯ RV10 ◯ RV12 If tandem, how many units?
2	Construction type: ◯ Cutting concrete ◯ Ground-up construction ◯ Other Notes:
3	Vacuum line location: ◯ Below grade ◯ Overhead If Overhead: Height of Ceilings? Notes:
4	Are there any impeding building structures where the vacuum lines need to be avoided? ◯ Yes ◯ No Please explain:
5	General location of the mechanical room on the plan: Which floor level? Can the mechanical room be relocated? ◯ Yes ◯ No ◯ Unsure
6	Potential addition for treatment rooms not marked on plan? ◯ Yes ◯ No
7	Multiple trunk lines needed? ◯ Yes ◯ No Multiple Zones? ◯ Yes ◯ No Please explain:

8. Locations Requiring Vacuum – Note intended usage for each point.

Hygiene	◯ 12 o'clock ◯ Toe of chair ◯ Both ◯ Other:
General treatment	◯ 12 o'clock ◯ Toe of chair ◯ Both ◯ Other:
Surgical treatment	◯ 12 o'clock ◯ Toe of chair ◯ Both ◯ Other:
N2O scavenging?	◯ Yes ◯ No ◯ All rooms ◯ Other: Explain:
Other locations such as sterilization	
Additional details:	

9. Other Notes or Comments

Internal Use Only

Received By: _____ Received Date: _____

Completed By: _____ Completed Date: _____

Designer follow-up questions/notes: