

SHADED AREA FOR LAB USE ONLY

CLASSIC LINE

Appointment Date: _____ Time: _____ Today's Date: _____

Doctor Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Patient Name: _____ / _____ Gender: _____
LAST FIRST

TOOTH

PREP SHADE _____

FINAL SHADE _____

IMPLANT BRAND/SIZE

RESTORATIVE MATERIAL

- e.max
- Lisi Press
- Zirconia
- Other (Specify)
- PFM FGC
 - HIGH NOBLE
 - NOBLE
- PMMA



PHOTOS

- Email
- Dropbox

Email or share photos to uvdl@uvdl.com

ABUTMENT MATERIAL

- Custom Titanium
- Custom Zirconia
- Temp Abutment

RESTORATION RETENTION

- Cement Retained
- Screw Retained
 - To be bonded in lab
 - Dr. to bond chairside

NOTES:

IF INADEQUATE

OCCLUSAL CLEARANCE

- Reduce prep & provide a reduction coping
- Reduce opposing
- Call for instructions
- Make selection a permanent note for future cases

AUTHORIZATION

Dr. Signature: _____

License #: _____

Net 30 days. A finance charge of 2 percent per month will be charged on all past due accounts. If collection is made by suit or otherwise the doctor agrees to pay collection costs, reasonable attorney's fees, and legal expenses.



Utah Valley Dental Lab
 380 Technology Ct
 Suite 150
 Lindon, UT 84042
 800.927.6967
www.uvdl.com