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:
	LASI	1	-1K21	

## **TOOTH #**

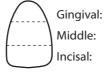
### PREP SHADE

FINAL SHADE

## **RESTORATIVE MATERIAL**

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

**NOTES:** 



### **PHOTOS**

Email

Dropbox

Email or share photos to uvdl@uvdl.com

# **IMPLANT BRAND/SIZE**

## **ABUTMENT MATERIAL**

Custom Titanium	۱
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Custom Zirconi	а
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Temp Abutment

## **RESTORATION RETENTION**

Cement Retained
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Screw Retained

To be bonded in lab Dr. to bond chairside

### **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 atorney's fees, and legal expenses.



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