
SHADED AREA FOR LAB USE ONLY

REMOVABLE

Appointment Date: Time: Today's Date:

Doctor Name:

Address: City: State: ZIP:

Phone: Email:

Patient Name: / Gender:
LAST FIRST

Night Guard/Splint

Upper Lower

Notes:

- KeyStone Splint
- Freedom Appliance
- Gelb Appliance
- NTI
- Rehab Orthotic
- ↳ Platform 2 4 6

Retainers

Upper Lower

- Essix
- ↳ 020 040 060
- Zenduraflex

Other

- Bite Block / Wax
- Custom Tray
- Athletic Guard

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.



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