

SHADED AREA FOR LAB USE ONLY

UVDL CLASSIC LINE

TODAY'S DATE:.....

Appointment Date:..... Time:..... Today's Date:.....

Doctor Name:.....

Address:..... City:..... State:..... ZIP:.....

Phone:..... Email:.....

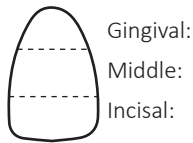
Patient Name:..... / Gender:.....
LAST FIRST

Please send case photos to uvdl@uvdl.com and include the doctor and patient name.

MATERIAL

- e.max
- Empress
- Full Zirconia
- Porcelain → Zirconia
- Veneer Facial Zirconia
- PFM FGC
 - HIGH NOBLE
 - NOBLE

FINAL SHADE



PREPARATION SHADE

.....

IMPLANT OPTIONS

- Titanium
- Zirconia
- Screw-retained

IF INADEQUATE OCCLUSAL CLEARANCE

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

NOTES & GOALS FOR CASE:

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.



380 Technology Ct
Suite 150
Lindon, UT 84042
801.373.4750
800.927.6967 toll free
801.373.7074 fax
www.uvdl.com

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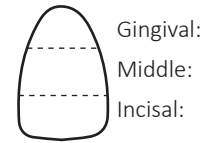
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