

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:.....

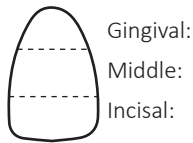
Patient Name:..... / ..... Gender:.....  
LAST FIRST

Please send case photos to [uvdl@uvdl.com](mailto: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.



Utah Valley Dental Lab  
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Lindon, UT 84042  
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801.373.7074 fax  
[www.uvdl.com](http://www.uvdl.com)

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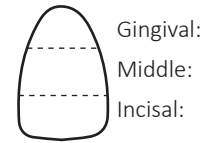
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