

(above for lab use only)

Appointment Date/Time: _____

Dr: _____

Address/City/State: _____

Email: _____ Phone: _____

Patient Name: _____ Gender: _____

Dentures Upper Lower

- Custom Tray Base Plate
- Set up/ Try in Finish
- Premium Denture

Partials Upper Lower

- Custom Tray Base Plate
- Set up/Try in Finish
- Premium Partial

Metal Framework

- Vitallium Cast metal w/ Setup/Try in
- TCS Cast metal w/ Bite Rim
- Cast metal only Other

Night Guard/ Splints Upper Lower

- KeyStone Splint Freedom Appliance
- Jel Splint Bite Adjustment Splint
- Release Appliance Rehab Orthotic

Platform Size

Photographs

- Email Dropbox

Email or share photos to uvdl@uvdl.com

Visit uvdl.com for your Office Portal and more account information

Base Material

- Acrylic Partial
- Ultra Flexible Partial
- TCS Flexible Partial

Tooth Type

- BlueLine
- Portrait
- Other

Framework Design

- Lingual Apron A-P Strap
- Lingual Bar Unilateral

Acrylic Partial

- Flipper
- Ball Clasp
- Wire Clasp

Other

- Reline
- Repair
- Add Teeth

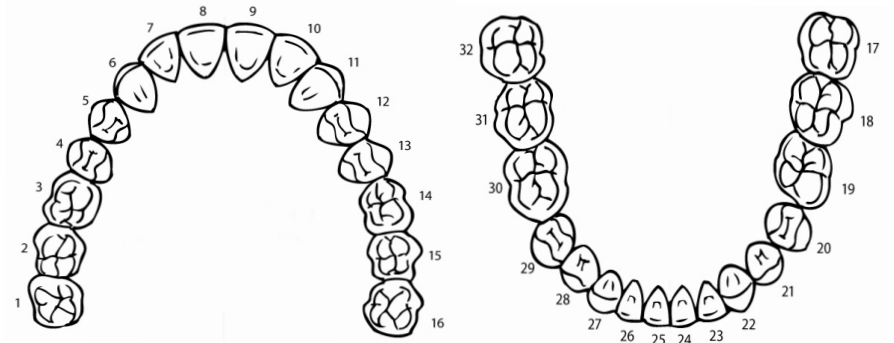
Acrylic Shade

- Ivoclar Preference
- Ivoclar Implant Preference
- Light Meharry

Tooth Shade

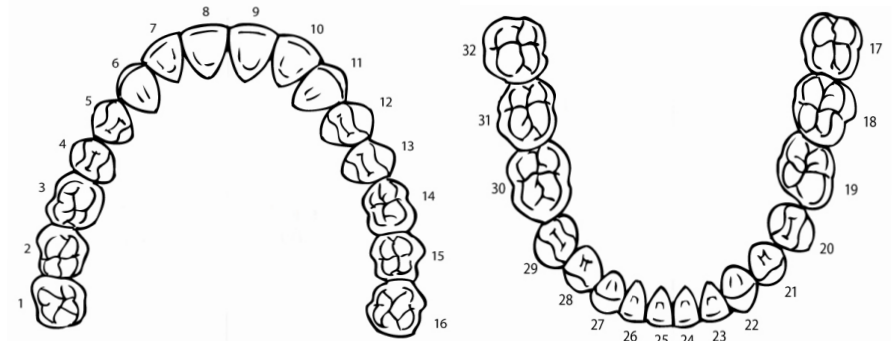
Extractions

Please mark all teeth to be extracted and replaced



Case Design

- Follow Doctors Design Use best design for fit and function



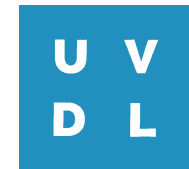
Additional Comments:

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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