

(shaded area for lab use only)

Pt Appointment Date/Time: \_\_\_\_\_

Dr \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient Name: \_\_\_\_\_

### Type of Restoration

☐ Diagnostic Wax Up \_\_\_\_\_

☐ Digital Wax Up \_\_\_\_\_  
No mounted models

☐ E.max \_\_\_\_\_

☐ Lisi Press \_\_\_\_\_

☐ Zirconia \_\_\_\_\_

☐ Other \_\_\_\_\_

### Abutment Options

☐ Titanium ☐ Zirconia ☐ Screw Retained  
☐ Ti-Base ☐ Temp Abut. ☐ Bond in Lab  
☐ Bond Chairside

Manufacturer & Type \_\_\_\_\_

### Articulator Preference

### Photographs

☐ Email ☐ Dropbox

Email or share photos to [uvdl@uvdl.com](mailto:uvdl@uvdl.com)

Visit [uvdl.com](http://uvdl.com) for your Office Portal and more account information

### Surface Finish

☐ Low Gloss

☐ High Gloss

☐ Polished Gloss

### Incisal Trans.

☐ None

☐ Minimal .5

☐ Moderate 1.0

☐ Maximum 1.5

### Surface Texture

☐ Smooth ☐ Slight

☐ Moderate ☐ Heavy

### Incisal Shade

☐ Clear

☐ Frosted White

☐ Hints of Amber

☐ Follow Reference Photo

### Outline Shape

☐ Provisionals

☐ Smile Catalog Shape

☐ Follow Wax-Up

☐ Follow Pre-op

### Goals for Case

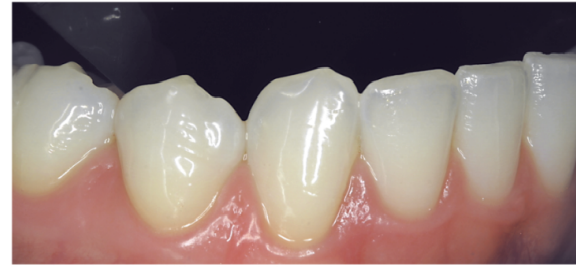
☐ Close Diastema

☐ More Youthful Smile

☐ Move Midline (to patient's R or L)

☐ Feminize Smile

☐ Change Vertical Dimension: \_\_\_\_\_



Prep Shade \_\_\_\_\_

Final Shade \_\_\_\_\_

Length of Centrals \_\_\_\_\_

Length of Laterals \_\_\_\_\_

### 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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