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SHADED AREA FOR LAB USE ONLY

## CLASSIC LINE

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

Doctor Name: .....

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

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

Patient Name: ..... / ..... Gender: .....

TOOTH #

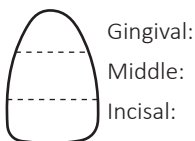
PREP SHADE .....

IMPLANT BRAND/SIZE

RESTORATIVE MATERIAL

- e.max
- Lisi Press
- Full Zirconia
- Other (Specify)
- PFM     FGC
- HIGH NOBLE
- NOBLE
- PMMA

FINAL SHADE .....



ABUTMENT MATERIAL

- Custom Titanium
- Custom Zirconia
- Temp Abutment

PHOTOS

- Email
- Dropbox

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

RESTORATION RETENTION

- Cement Retained
- Screw Retained
  - To be bonded in lab
  - Dr. to bond chairside

NOTES:

IF INADEQUATE OCCLUSAL CLEARANCE

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

### AUTHORIZATION

Dr. Signature: .....

License #: .....



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