| | | | Prep Shade | \bigwedge | \frown | $\backslash \land \land$ |
|--|--------------------------------------|---|---|--------------------------|----------|--|
| (above for lab use only) Appointment Date/Time: | | | | - (Y Y | γ | ΎΎ) |
| Dr: | | | Final Shade | \sim | | |
| Address/City/State: | | | | - | | |
| Email: | Phone: | | Length of Centrals | Length of Lat | terals | |
| Patient Name: | | _Gender: | | | | |
| Type of Restoration | | | Notes: | | | |
| Diagnostic Wax Up - tooth #s | Surface Finish | Surface Texture | | | | |
| E.max - tooth #s | □ Low Gloss | 🗆 Smooth 🛛 Slight | | | | |
| | High Gloss | 🗆 Moderate 🗆 Heavy | | | | |
| □ Lisi Press - tooth #s | Polished Gloss | | | | | |
| | Incisal Trans. | Incisal Shade | | | | |
| □ Zirconia - tooth #s | □ None | Clear | | | | |
| | 🗆 Minimal .5 | Frosted White | | | | |
| Other- tooth #s | □ Moderate 1.0 | □ Hints of Amber | | | | |
| | □ Maximum 1.5 | Follow Reference Photo | | | | |
| Abutment Options | Outline Shape | | | | | |
| 🗆 Titanium 🗆 Zirconia 🗆 Screw Retained | □ Provisionals | | | | | |
| □ Bond in Lab □ Ti-Base □ Temp Abut. □ Bond Chairside | Smile Catalog | Shape | | | | |
| Manufacturer & Type | Follow Wax-Up | 🗆 Follow Wax-Up | | | | |
| | □ Follow Pre-op | | | | | |
| Articulator Preference | Goals for Case | | | | | |
| | Close Diastema | | | | | |
| Photographs | More Youthful Smile | | Authorization | | | |
| 🗆 Email 🗆 Dropbox | □ Move Midline (to patient's R or L) | | Dr. Signature | | | Utah Valley Dental Lab |
| Email or share photos to uvdl@uvdl.com | Feminize Smile | | License # | | υν | 380 Technology Ct Suite 150 |
| Visit uvdl.com for your Office Portal and more account information | Change Vertical Dimension: | | Net 30 days. A finance charge of 2 percent per mo accounts. If collection is made by suit or otherwise collection costs, reasonable attorney's fees, and le | the doctor agrees to pay | DL | Lindon, UT 84042 800.927.6967 www.uvdl.com |

| Items Included with Case (for lab use only) | | |
|---|---|--|
| PVS Impression | Wax up | |
| Models | Facebow | |
| Bite Registration | Stick Bite | |
| Sectional Impression | Impression Transfer | |
| Quadrant Impression | Analog | |
| Triple Tray | Screws | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Do we have accurate impressions and mod | lels? □Yes □No | |
| How was the case mounted? Stick Bite \Box | | |
| Facebow □ Horizontal Plane □ | | |
| Bites | | |
| Articulator Number Was the case mounted accurately? □Yes | □No | |
| Do we have all the necessary photos? Full Face \Box | | |
| Stick Bite □ Facebow □ | | |
| Preps 🛛 | | |
| Has everything been read including any ex | es or anything requiring a change of material? Yes No tra emails or notes? Yes No | |
| Is there anything you can see that will prev | ent the case from being complete as prescribed? | |