

SHADED AREA FOR LAB USE ONLY

VICTORY
DENTAL LABORATORY

TODAY'S DATE:.....

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

Doctor Name:.....

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

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

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

Please send scans to: scans@victorydl.com

MATERIAL

- ☐ e.max
☐ Full Zirconia

FINAL SHADE



Gingival:
Middle:
Incisal:

IMPLANT OPTIONS

- ☐ Titanium
☐ Zirconia
☐ Screw-retained

Tooth #

PREPARATION SHADE

**IF INADEQUATE
OCCLUSAL CLEARANCE**

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

NOTES AND GOALS FOR CASE

5 Days in Lab with Scan
7 Days in Lab with Mold
2 Day Return Shipping Included

AUTHORIZATION

Dr. Signature:.....

License #:.....

Net 30 Payment Terms. 2% Charge On Late Accounts.
Dr. Agrees To Pay Any Fees Associated With The
Collection Of Debt. Collection Starts After 3 Months.

Victory Dental Lab
239 n 290 w
Lindon, Utah 84042
801-796-3878
www.victorydl.com

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