

# UTAH DENTAL LAB, INC.

6069 Highland Drive  
Salt Lake City, UT 84121  
Telephone: (801) 278-4474  
[Utdental1@msn.com](mailto:Utdental1@msn.com)

## FROM

DR. \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PATIENT'S NAME OR IDENTIFICATION NUMBER \_\_\_\_\_ TYPE OF RESTORATION \_\_\_\_\_  
 DATE WANTED: TRY-IN \_\_\_\_\_ AM / PM FINISH \_\_\_\_\_

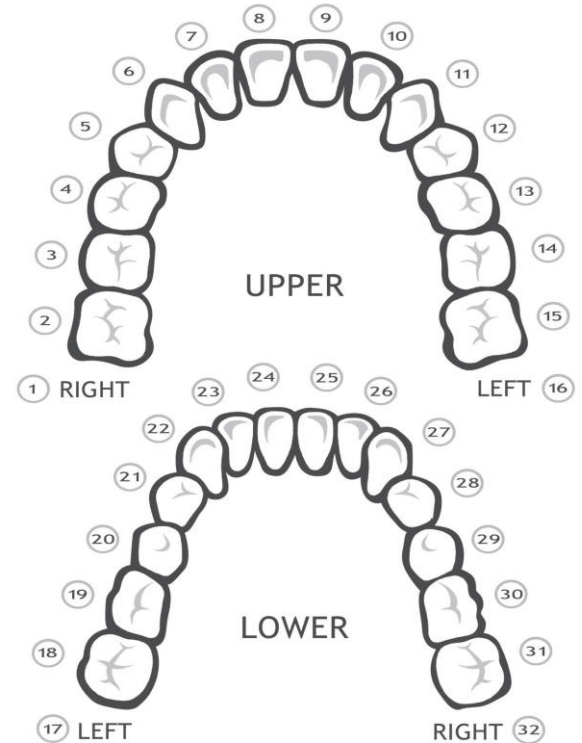
(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION.)

		ANTERIOR	
UPPER	SHADE	MOULD	
LOWER	SHADE	MOULD	

		POSTERIOR	
UPPER	SHADE	MOULD	
LOWER	SHADE	MOULD	

## INSTRUCTIONS

FINISH CASE IN:  CHARACTERIZED LUCITONE®  LUCITONE 199®



DENTIST LICENSE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

PERSONAL SIGNATURE OF DENTIST \_\_\_\_\_

**We now accept credit cards as payments on accounts. A finance charge will be applied to any past due accounts. Any accounts sent to collections will pay all applicable fees.**