

<b>Candulor BONARTIC CT Porcelain</b>		Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City	

Shade	J0	J1	J2	J3	M1	M2	M3	M4	M5	S1	S2	S3	900	901	902	903	Total
<b>Posteriors</b>																	
02+																	
02-																	
04+																	
04-																	
05+																	
05-																	
06+																	
06-																	
<b>Total</b>																	

<b>Candulor Condyliform CT Porcelain</b>		Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City	

Shade	J0	J1	J2	J3	M1	M2	M3	M4	M5	S1	S2	S3	900	901	902	903	Total
<b>Posteriors</b>																	
34+																	
34-																	
35+																	
35-																	
36+																	
36-																	
37+																	
37-																	
38+																	
38-																	
<b>Total</b>																	

<b>Candulor Condyliform II NFC</b>		Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City	

Shade	J0	J1	J2	J3	M1	M2	M3	M4	M5	S1	S2	S3	900	901	902	903	Total
<b>Posteriors</b>																	
34+																	
34-																	
36+																	
36-																	
38+																	
38-																	
<b>Total</b>																	

CONTRACT REVIEWED: Requirements O.K.? Yes <input type="checkbox"/> No <input type="checkbox"/> Same as Quote? Yes <input type="checkbox"/> No <input type="checkbox"/> Can we supply O.K.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signed:	Date:	Int. Order No.:	