

<b>Candulor Bonartic TCR Resin</b>	Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City

Shade	J1	J2	J3	M1	M2	M3	M4	S1	S2	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
<b>Posteriors</b>																										
02+																										
02-																										
04+																										
04-																										
05+																										
05-																										
06+																										
06-																										
08+																										
08-																										
<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.: