

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

Shade	BL2	BL4	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
Posteriors																			
34+																			
34-																			
36+																			
36-																			
38+																			
38-																			
Total																			

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.: