

Candulor PHYSIOSET CT Porcelain	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
Upper																	
201																	
202																	
203																	
204																	
212																	
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224																	
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453																	
Lower																	
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53																	
54																	
80																	
81																	
82																	
83																	
84																	
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.:	