

<b>DEGUDENT COSMO HXL</b>	Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City

Shade	A1	A2	A3	A3.5	A4	B2	B3	B4	C2	C3	C4	D2	D3	D4	Total
<b>Anteriors</b>															
T2															
T4															
T6															
T8															
T10															
T12															
T14															
T16															
T18															
T20															
T22															
R2															
R4															
R6															
R8															
S2															
S4															
S6															
S8															
S10															
S12															
S18															
<b>L1</b>															
L3															
L5															
L7															
L9															
L11															
L13															
<b>Total</b>															
<b>Posteriors</b>	A1	A2	A3	A3.5	A4	B2	B3	B4	C2	C3	C4	D2	D3	D4	Total
91S Upper															
92S Upper															
93S Upper															
94S Upper															
95S Upper															
<b>91Y Lower</b>															
92Y Lower															
93Y Lower															
94Y Lower															
95Y Lower															
<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.:

<b>DEGUDENT DENTACRYL HXL</b>	Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City

Shade	01	02	03	04	05	15	G4	G6	G8	Total
<b>Anteriors</b>										
4										
7										
8										
14										
16										
18										
20										
30										
34										
36										
37										
38										
40										
48										
52										
21										
31										
41										
51										
61										
75										
91										
<b>Total</b>										
<b>Posteriors</b>	01	02	03	04	05	15	G4	G6	G8	
AA Upper										
AB Upper										
AC Upper										
AD Upper										
G Upper										
K Upper										
O Upper										
SA Upper										
SB Upper										
AA Lower										
AB Lower										
AC Lower										
AD Lower										
G Lower										
K Lower										
O Lower										
SA Lower										
SB Lower										
<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"/>			
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