

IVOCLAR IVOSTAR & GNATHOSTAR	Date	Initials	Lab./Name
Cus. Code:	Time	Cus. Order No.	Town/City

Shade	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
Anteriors																	
01																	
02																	
03																	
04																	
05																	
31																	
32																	
33																	
34																	
35																	
41																	
42																	
43																	
44																	
45																	
11																	
12																	
13																	
14																	
15																	
16																	
Total																	
Posteriors	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
D80 Upper																	
D82 Upper																	
D84 Upper																	
D86 Upper																	
D88 Upper																	
D80 Lower																	
D82 Lower																	
D84 Lower																	
D86 Lower																	
D88 Lower																	
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.: