

<b>SR ORTHOLINGUAL DCL AND SR ORTHOPLANE DCL ORDER FORM</b>										Initials					Lab./Name				
Cus. Code:			Date/Time				Cus. Order No.					Town/City							

Shade	010	030	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
<b>Ortholingual</b>																			
LU3																			
LU5																			
LU6																			
LL3																			
LL5																			
LL6																			
<b>Total</b>																			
<b>Orthoplane</b>																			
MU3																			
MU5																			
MU6																			
ML3																			
ML5																			
ML6																			
<b>Total</b>																			

<b>SR POSTARIS DCL ORDER FORM</b>										Initials					Lab./Name				
Cus. Code:			Date/Time				Cus. Order No.					Town/City							

Shade	010	030	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
<b>Postaris</b>																			
PU1																			
PU1.5																			
PU2																			
PU3																			
PU3.5																			
PU4																			
PL1																			
PL1.5																			
PL2																			
PL3																			
PL3.5																			
PL4																			
<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.:				