

TO**CARDINAL DENTAL LABORATORY**

1844 San Miguel Drive #315
 Walnut Creek, California 94596
 Telephone: 1-800-443-6444

FROM

WORK ORDER NUMBER _____ DATE _____

DR. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ AM
PM FINISH _____

(CONSTRUCT AND DELIVER TO THE UNDERSIGNED ONLY THE HEREIN DESCRIBED DENTAL RESTORATION.)

BRAND, SHADE & MOULD OF TRUBYTE® TEETH TO BE USED**PORTRAIT® IPN®
PLASTIC TEETH** **PORTRAIT® IPN®
ANTERIORES** **PORTRAIT® IPN®
POSTERIORES**

- 33° PORTRAIT™
 20° PORTRAIT™
 10° PORTRAIT™
 ANATOLINE®
 0° PORTRAIT™

TRUBYTE® ANTERIORES

- TRUBLEND™ SLM™
 BIOBLEND® IPN®
 BIOFORM® IPN®

TRUBYTE® POSTERIORES

- TRUBLEND™ SLM™
 IPN®
 33° POSTERIORES
 30° P.T.™
 22° BIOSTABIL®
 20° POSTERIORES
 10° ANATOLINE®
 0° MONOLINE®

**TRUBYTE®
ANTERIORES**

- PORCELAIN
 PLASTIC

- BIOBLEND®
 BIOFORM®
 NEW HUE® V.F.
 NEW HUE®
 BIOTONE®

**TRUBYTE®
POSTERIORES**

- PORCELAIN
 PLASTIC

- 33°
 20°
 10° FUNCTIONAL®
 0° RATIONAL®

ALMA GAUGE READINGS

X: _____ Y: _____
 (VERTICAL) (HORIZONTAL)

ANTERIOR

UPPER	SHADE	MOULD
LOWER	SHADE	MOULD

POSTERIOR

SHADE	MOULD
SHADE	MOULD

INSTRUCTIONSFINISH CASE IN: CHARACTERIZED LUCITONE® LUCITONE 199®

DENTIST LICENSE NUMBER _____ DATE _____

PERSONAL SIGNATURE OF DENTIST _____

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