

TO

RICHARD A. GUARINO
DENTAL LABORATORY, INC.
 79 Beach Street
 Revere, MA 02151
 Telephone: (781) 289-1130

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®
ANTERIOR** **PORTRAIT® IPN®
POSTERIOR**

- 40° PORTRAIT®
EUROLINE™
- 33° PORTRAIT®
- 20° PORTRAIT®
- 10° PORTRAIT®
ANATOLINE®
- 0° PORTRAIT®

TRUBYTE® ANTERIORS

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

TRUBYTE® POSTERIOR

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

**TRUBYTE®
ANTERIOR**

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

**TRUBYTE®
POSTERIOR**

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

ALMA GAUGE READINGSX: _____ Y: _____
(VERTICAL) (HORIZONTAL)**ANTERIOR****POSTERIOR**

UPPER	SHADE	MOULD
LOWER	SHADE	MOULD

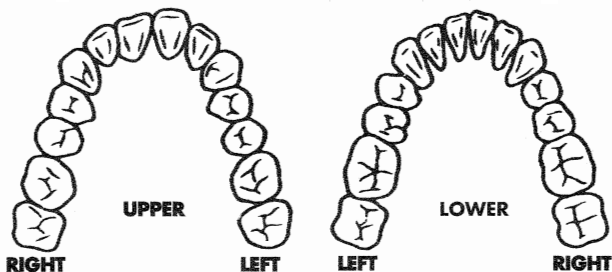
SHADE	MOULD
SHADE	MOULD

INSTRUCTIONSFINISH CASE IN: CHARACTERIZED LUCITONE® LUCITONE 199®

DENTIST LICENSE NUMBER _____ DATE _____

PERSONAL SIGNATURE OF DENTIST _____

DESIGN CASE HERE



INSTRUCTIONS (Continued)

FACIAL CHARACTERISTICS

CHECK BASIC FACE FORM

- SQUARE
- SQUARE TAPERING
- TAPERING
- OVOID

CHECK FACIAL ASYMMETRY

- DOMINANT RIGHT SIDE
- DOMINANT LEFT SIDE

MALE

FEMALE

VIGOROUS

SOFT

AGE _____



**LOOK FOR THE CRESCENT ON
TRUBYTE® PREMIUM TEETH**