

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®
ANTERIOBS** **PORTRAIT® IPN®
POSTERIOBS** 40° PORTRAIT®
EUROLINE™ 33° PORTRAIT® 20° PORTRAIT® 10° PORTRAIT®
ANATOLINE® 0° PORTRAIT®**TRUBYTE® ANTERIOBS** TRUBLEND® SLM® BIOBLEND® IPN® BIOFORM® IPN®**TRUBYTE® POSTERIOBS** TRUBLEND® SLM® IPN® 33° POSTERIOBS 30° P.T.™ 22° BIOSTABIL® 20° POSTERIOBS 10° ANATOLINE® 0° MONOLINE®**TRUBYTE®
ANTERIOBS** PORCELAIN PLASTIC BIOBLEND® BIOFORM® NEW HUE® V.F. NEW HUE® BIOTONE®**TRUBYTE®
POSTERIOBS** PORCELAIN PLASTIC 33° 20° 10° FUNCTIONAL® 0° RATIONAL®**ALMA GAUGE READINGS**X: _____ Y: _____
(VERTICAL) (HORIZONTAL)**ANTERIOR****POSTERIOR**

| | | |
|-------|-------|-------|
| UPPER | SHADE | MOULD |
| LOWER | SHADE | MOULD |

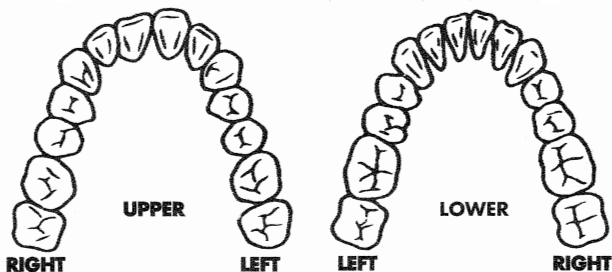
| | |
|-------|-------|
| SHADE | MOULD |
| SHADE | MOULD |

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**