

TO

**DOVER DENTAL LABORATORIES**

9 Butler Blvd.

Bayville, NJ 08721

Telephone: (732) 606-9000

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**

- 40° PORTRAIT®  
EUROLINE™
- 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	SHADE	MOULD
LOWER	SHADE	SHADE	MOULD

		POSTERIOR	
	SHADE	SHADE	MOULD
	SHADE	SHADE	MOULD

**INSTRUCTIONS**FINISH CASE IN:  CHARACTERIZED LUCITONE®  LUCITONE 199®

DENTIST LICENSE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

PERSONAL SIGNATURE OF DENTIST \_\_\_\_\_