

**TO** **RICHARD A. GUARINO**  
 Dental Laboratory, Inc.  
 79 Beach Street • Revere, MA 02151  
 Tel: 781-289-1130 Fax: 781-289-1140  
 www.guarinodentallab.com

**FROM** WORK ORDER NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
**South Cove Community Health Center**  
**Dental Department**  
 ADDRESS 145 South Street STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CITY Boston, MA 02111  
 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**

<b>PORTRAIT® IPN® PLASTIC TEETH</b> <input type="checkbox"/> PORTRAIT® IPN® ANTERIORS <input type="checkbox"/> PORTRAIT® IPN® POSTERIOR <input type="checkbox"/> 40° PORTRAIT® EUROLINE™ <input type="checkbox"/> 33° PORTRAIT® <input type="checkbox"/> 20° PORTRAIT® <input type="checkbox"/> 10° PORTRAIT® ANATOLINE® <input type="checkbox"/> 0° PORTRAIT®	<b>TRUBYTE® ANTERIORS</b> <input type="checkbox"/> TRUBLEND® SLM® <input type="checkbox"/> BIOBLEND® IPN® <input type="checkbox"/> BIOFORM® IPN® <b>TRUBYTE® POSTERIOR</b> <input type="checkbox"/> TRUBLEND® SLM® <input type="checkbox"/> IPN® <input type="checkbox"/> 33° POSTERIOR <input type="checkbox"/> 30° PT.™ <input type="checkbox"/> 22° BIOSTABIL® <input type="checkbox"/> 20° POSTERIOR <input type="checkbox"/> 10° ANATOLINE® <input type="checkbox"/> 0° MONOLINE®	<b>TRUBYTE® ANTERIORS</b> <input type="checkbox"/> PORCELAIN <input type="checkbox"/> PLASTIC <input type="checkbox"/> BIOBLEND® <input type="checkbox"/> BIOFORM® <input type="checkbox"/> NEW HUE® V.F. <input type="checkbox"/> NEW HUE® <input type="checkbox"/> BIOTONE®	<b>TRUBYTE® POSTERIOR</b> <input type="checkbox"/> PORCELAIN <input type="checkbox"/> PLASTIC <input type="checkbox"/> 33° <input type="checkbox"/> 20° <input type="checkbox"/> 10° FUNCTIONAL® <input type="checkbox"/> 0° RATIONAL®
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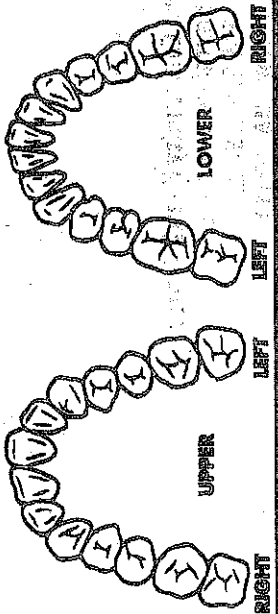
ALMA GAUGE READINGS  
 X: \_\_\_\_\_ (VERTICAL) Y: \_\_\_\_\_ (HORIZONTAL)

<b>INSTRUCTIONS</b> FINISH CASE IN: <input type="checkbox"/> CHARACTERIZED LUCITONE® <input type="checkbox"/> LUCITONE 199®	<b>ANTERIOR</b> UPPER SHADE _____ LOWER SHADE _____ MOULD _____ MOULD _____	<b>POSTERIOR</b> SHADE _____ MOULD _____ SHADE _____ MOULD _____
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DENTIST LICENSE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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

**DESIGN CASE HERE**



**INSTRUCTIONS (Continued)**

**FACIAL CHARACTERISTICS**

- CHECK BASIC FACE FORM  CHECK FACIAL ASYMMETRY  MALE  FEMALE
- SQUARE  SQUARE TAPERING  DOMINANT RIGHT SIDE  VIGOROUS  SOFT
- TAPERING  OVOID  DOMINANT LEFT SIDE  AGE \_\_\_\_\_



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