

# UHLER ACRYLIC DENTURE TEETH



Ship To: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

## UPPER ANTERIORS (1 X 6)

SHADE MOLD	40	50	59	62	65	66	67	69	77	81	TOTAL
223											
3M											
3D											
2D											
3N											
2N											
A24											
A25											
A26											
3P											
2P											
4H											
1H											
136											
264											
266											
267											
3R											
E22											
F42											

## LOWER ANTERIORS (1 X 6)

SHADE MOLD	40	50	59	62	65	66	67	69	77	81	TOTAL
223											
3M											
3D											
2D											
3N											
2N											
A24											
A25											
A26											
3P											
2P											
4H											
1H											
136											
264											
266											
267											
3R											
E22											
F42											

## UPPER POSTERIOBS (1 X 8)

SHADE MOLD	40	50	59	62	65	66	67	69	77	81	TOTAL
31Z-0°											
32F-10°											
33F-10°											
29M-20°											
31M-20°											
33M-20°											
32M-33°											
32L-33°											
34M-33°											
34L-33°											
<b>TOTAL</b>											

## LOWER POSTERIOBS (1 X 8)

SHADE MOLD	40	50	59	62	65	66	67	69	77	81	TOTAL
31Z-0°											
32F-10°											
33F-10°											
29M-20°											
31M-20°											
33M-20°											
32M-33°											
32L-33°											
34M-33°											
34L-33°											
<b>TOTAL</b>											

For payment we accept

Mastercard  VISA  AmEx  Discover Card

Credit Card Billing Address: \_\_\_\_\_

Card Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Amount \$ \_\_\_\_\_ Dale \_\_\_\_\_

Minimum order \$35.00  
Residential and rural shipping charges may apply.

## PRICE

ITEM COST  
1x6 or 1x8 ..... \$2.50 per set

Number Of Sets 1x6 or 1x8 Price = \$ **\*Merchandise Subtotal**

Illinois Residents Add 2.25% Sales Tax \$ \_\_\_\_\_

Shipping And Handling \$ \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

For office use only \_\_\_\_\_ Entered \_\_\_\_\_ Checked \_\_\_\_\_ Shipped



Ship the following to: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FULL SETS 1 X 28**

Please Specify  0°  10°  20°

Use additional order blanks if ordering multiple degrees.

SHADE MOULD	40	50	59	62	65	66	67	69	77	81	TOTAL
223											
3M											
3D											
2D											
3N											
2N											
A24											
A25											
A26											
3P											
2P											
4H											
1H											
136											
264											
266											
267											
3R											
E22											
F42											
<b>Total</b>											

- Full sets available with 0°, 10°, and 20° degree posteriors
- Multilayered
- Cross-linked
- Highly convenient
- Sold in the U.S.A. for over 55 years



For payment we accept

Mastercard  VISA  AmEx  Discover Card

Credit Card Billing Address: \_\_\_\_\_

Card Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Minimum order \$35.00  
Residential and rural shipping charges may apply.

ITEM	PRICE	COST
Full set 1 x 28 . . . . .		\$9.00 per set
Number Of Full Sets 1x28	Price	*Merchandise Subtotal
<input type="text"/> X <input type="text"/>	= \$	<input type="text"/>
Illinois Residents Add 2.25% Sales Tax		\$ <input type="text"/>
Shipping And Handling		\$ <input type="text"/>
<b>TOTAL AMOUNT</b>		\$ <input type="text"/>

For office use only \_\_\_\_\_ Entered \_\_\_\_\_ Checked \_\_\_\_\_ Shipped