

UhlerPLUS

4 Layer
Characterized
Acrylic Teeth



Uhler Dental Supply, Inc.

5749 W. Lawrence Ave.
Chicago, IL 60630
(773) 283-8300 (Phone)
(773) 283-8303 (Fax)
Toll Free 1-800-937-3753
www.uhlerdental.com

Serving the dental community since 1964



UhlerPLUS Premium Acrylic Denture Teeth

Available in Ivoclar® moulds & Vita® shades

Ship the following to: _____

Date: _____

Name: _____

Address: _____

City & State: _____ Zip: _____

UPPER ANTERIORS (1 X 6)

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
S12															
S13															
S14															
A25															
S15															
S17															
S82															
S32															
S42															
S24B															
SE22															
S27															
S26															
S68															
3N															
3P															

Total _____

**UPPER POSTERIORI (1 x 8)
0 DEGREE / 10 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
MP5															
32F															

Total _____

**LOWER POSTERIORI (1 x 8)
0 DEGREE / 10 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
MP5															
32F															

Total _____

**UPPER POSTERIORI (1 x 8)
22 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
P3															
P4															
P5															
P6															

Total _____

**LOWER POSTERIORI (1 x 8)
22 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
P3															
P4															
P5															
P6															

Total _____

**UPPER POSTERIORI (1 x 8)
33 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
PU3															

Total _____

**LOWER POSTERIORI (1 x 8)
33 DEGREE**

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
PL3															

Total _____

LOWER ANTERIORS (1 X 6)

S	M	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
S3															
S5															
S6															
S8															
S9															

Total _____

(Over - Other Side - Articulation Chart)

To assist in payment we accept

Mastercard VISA AmEx Discover Card

Credit Card Billing Address: _____

City _____ State _____ ZIP _____

Card Number _____

Expiration Date _____ / _____ 3 or 4 Digit Security Code: _____

X _____
Cardholder Signature

Amount \$ _____ Date _____

Minimum order \$35.00
Residential and rural shipping surcharges may apply

PRICES

ITEM	COST
1 set (1x6)	\$9.00 per set
1 set (1x8)	\$9.00 per set

TOTAL

Number Of Sets	Price	Merchandise Subtotal
1x6 or 1x8		

_____ X _____ = \$ _____

Illinois Residents Add
2.25% Sales Tax \$ _____

TOTAL AMOUNT \$ _____

* Standard UPS Ground shipping charges will be applied. Expedited shipping services available at an additional cost.

Ivoclar® is not a registered trademark of Uhler Dental Supply, Inc.
Vita® is not a registered trademark of Uhler Dental Supply, Inc.

For office use only; Entered _____ Checked _____ Shipped _____

UhlerPLUS

ARTICULATION CHART

UPPER ANTERIOR	LOWER ANTERIOR	POSTERIORES			
		0 DEGREE	10 DEGREE	22 DEGREE	33 DEGREE
S12	S3/S5	MP5	32F	P3	no match
S13	S5	MP5	32F	P3/P5	PU3
S14	S6	MP5	32F	P5	PU3
A25	S5	MP5	32F	P5	PU3
S15	S8	MP5	32F	P4	PU3
S17	S9	MP5	32F	P6	PU3
S52	S3	MP5	32F	P3	no match
S32	S3	MP5	32F	P3/P5	PU3
S42	S5	MP5	32F	P3/P5	PU3
S24B	S5	MP5	32F	P5	PU3
SE22	S5	MP5	32F	P5	PU3
S27	S8	MP5	32F	P4	PU3
S26	S6/S8	MP5	32F	P4	PU3
S68	S5	MP5	32F	P3/P5	PU3
3N	S5	MP5	32F	P5	PU3
3P	S6	MP5	32F	P4	PU3

UhlerPLUS PREMIUM ACRYLIC TEETH

- Characterized
- Hardness
- Color-4 Layer
- Cross-Linked
- Fluorescent

Uhler Dental Supply, Inc. • 5749 W. Lawrence Ave. • Chicago, IL 60630
 Phone (773) 283-8300 • Toll Free (800) 937-3753 • Fax (773) 283-8303
orders@uhlerdental.com • www.uhlerdental.com

