

UhlenPLUS4 Layer
Characterized
Acrylic Teeth

Uhlen 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

UhlenPLUS 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															
S52															
S32															
S42															
S24B															
SE22															
S27															
S26															
S68															
3N															
3P															

Total _____

**UPPER POSTERIORS (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 POSTERIORS (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 POSTERIORS (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 POSTERIORS (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 _____

10.95

**UPPER POSTERIORS (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 POSTERIORS (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 CardCredit Card
Billing Address: _____

City _____ State _____ ZIP _____

Card Number _____

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

X
Cardholder Signature

Amount \$ _____ Date _____

Minimum order \$40.00
Residential and rural shipping surcharges may apply**PRICES**

ITEM	COST
1 set (1x6)	\$ 10.95 per set
1 set (1x8)	\$ 10.95 per set

TOTAL

Number Of Sets 1x6 or 1x8	Price	Merchandise Subtotal
---------------------------------	-------	-------------------------

_____ 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.

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

