Odipal

ARTICULATION CHART

UPPER	LOWER	POSTERIORS			
ANTERIOR	ANTERIOR	10 DEGREE	20 DEGREE	22 DEGREE	28 DEGREE
50	U10/U12	S2	M35	M23	M41
51	U10/U12	S2	M42	M23/M45	M41
52	U12	S2	M42	M45	M43
53	U13	S2	M42	M45	M44
54	U14/U15	S4	M42	M45	M44
55	U15	S2/S4	M42	M23/M45	M41
56	U16	S4	M42	M34	M43
57	U17	S6	M42	M56	M44
58	U18	S6	M42	M34	M43
69	U29/U19	S6	M42	M34/M56	M44
74	U14	S6	M35	M34	M43
75	U15/U17	S4	M35	M34	M44
78	U18	S6	M42	M34	M43
80	U12	S2	M35	M45	M41
82	U12	S2	M35	M45	M41
83	U13/U16	S2/S4	M35	M45	M41
84	U15	S2	M42	M45	M43
85	U15/U16	S4	M42	M45	M44
86	U16	S6	M42	M34	M43
87	U17/U18	S6	M42	M34	M43

Odipal Premium Acrylic Denture Teeth

- Quality
- Hardness
- Cross–Linked
- Color - 3 Layer
- Wear Resistant
- Characterized

Available in Vita®/Ivoclar® moulds & Vita® shades

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

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Serving the dental community since 1964

Premium Acrylic Denture Teeth 3 Layers

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Ship the following to: Date: _____

Name: _____

Address: _____

City and State: _____ Zip: _____

Upper Anteriors

UPPER ANTERIORS (1X6)

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
50																	
51																	
52																	
53																	
54																	
55																	
56																	
57																	
58																	
68																	
69																	
74																	
75																	
78																	
80																	
82																	
83																	
84																	
85																	
86																	
87																	

Total _____

Lower Anteriors

LOWER ANTERIORS (1X6)

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
U10																	
U12																	
U13																	
U14																	
U15																	
U16																	
U17																	
U18																	
U19																	
U29																	

Total _____

Reverse side – Articulation Chart

For office use only: Entered _____ Checked _____ Shipped _____

Upper Posteriors

UPPER POSTERIORS (1X8) 10 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
S2																	
S4																	
S6																	

Total _____

UPPER POSTERIORS (1X8) 20/22 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
M35																	
M42																	
M23																	
M34																	
M45																	
M56																	

Total _____

UPPER POSTERIORS (1X8) 28 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
M41																	
M43																	
M44																	

Total _____

Lower Posteriors

LOWER POSTERIORS (1X8) 10 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
S2																	
S4																	
S6																	

Total _____

LOWER POSTERIORS (1X8) 20/22 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
M35																	
M42																	
M23																	
M34																	
M45																	
M56																	

Total _____

LOWER POSTERIORS (1X8) 28 DEGREE

M \ S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
M41																	
M43																	
M44																	

Total _____

For payment we accept:

❑ Mastercard ❑ Visa ❑ AmEx ❑ Discover

Credit 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 & Rural Surcharges May Apply

PRICES:

ITEM:	LAB PRICE:	SUGGESTED RETAIL PRICE:
1 set (1x6)	$16.50	$29.95
1 set (1x8)	$14.95	$24.95

1x6 ____ x Price ____ = $_____

1x8 ____ x Price ____ = $_____

Merchandise Subtotal = $_____

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.