



U D S
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 Chicago, IL 60630
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 (773)283-8303 (Fax)
 Toll Free 1-800-937-3753
 www.uhlerdental.com
Serving the dental community since 1964

Acrylic Denture Teeth

Ship the following to:

Name: _____ Date: _____

Address: _____

City & State: _____ Zip: _____

UPPER ANTERIORS (1x6)

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
223															
3M															
3D															
2D															
3N															
2N															
1N															
A24															
A25															
A26															
3P															
2P															
4H															
1H															
136															
264															
266															
268															
H45															
J21															

Total: _____

LOWER ANTERIORS (1x6)

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
223															
3M															
3D															
2D															
3N															
2N															
1N															
A24															
A25															
A26															
3P															
2P															
4H															
1H															
136															
264															
266															
268															
H45															
J21															

Total: _____

UPPER POSTERIORS (1x8) 0/10 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
31Z															
32F															
33F															

Total: _____

UPPER POSTERIORS (1x8) 20 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
PDS															
29M															
31M															
31L															
33M															
V8															

Total: _____

UPPER POSTERIORS (1x8) 30 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
30M															
32M															
32L															
34M															
34L															
PU3															

Total: _____

LOWER POSTERIORS (1x8) 0/10 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
31Z															
32F															
33F															

Total: _____

LOWER POSTERIORS (1x8) 20 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
PDS															
29M															
31M															
31L															
33M															
V8															

Total: _____

LOWER POSTERIORS (1x8) 30 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
30M															
32M															
32L															
34M															
34L															
PU3															

Total: _____

For payment we accept:

Mastercard Visa AmEx Discover

Credit Card
Billing Address _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: ____/____ Security Code: _____

X _____
Cardholder Signature

Amount \$ _____ Date: _____

*Minimum Order: \$40.00
 *Residential & Rural Surcharges May Apply
 *Standard UPS Ground shipping charges will be applied.
 *Expedited shipping services available at an additional cost.

PRICES

ITEM COST

1 set 1x6 or 1x8 \$3.95 per set

GRAND TOTALS

Number of Sets	Price	Merchandise Subtotal
1x6 or 1x8		
<input type="text"/>	x <input type="text"/>	\$ _____

Illinois Residents Add 2.25% Sales Tax \$ _____

Shipping and Handling \$ _____

TOTAL AMOUNT \$ _____

For office use only Entered: _____ Checked: _____ Shipped: _____



ARTICULATION CHART

UPPER ANTERIOR	LOWER ANTERIOR	POSTERIOR 0°	POSTERIOR 10°	POSTERIOR 20°	POSTERIOR 30°
223	223	31Z	32F	29M	30M
3M	3M	31Z	32F	29M	30M
3D	3D	31Z	32F	31M	32M
2D	2D	31Z	32F	31M	32M
3N	3N	31Z	32F	31M/31L	32M/32L
2N	2N	31Z	32F	31M/31L	32M/32L
1N	1N	31Z	32F	31M	32M
A24	A24	31Z	32F	31M/31L	32M/32L
A25	A25	31Z	32F	31M/31L	32M/32L
A26	A26	31Z	32F	31M/31L	32M/32L
3P	3P	31Z	32F	31M/31L	32M/32L
2P	2P	31Z	32F	31M/31L	32M/32L
4H	4H	31Z	32F	31M	32M
1H	1H	31Z	33F	33M	34M/34L
136	136	31Z	32F	31M/31L	32M/32L
264	264	31Z	32F	31M/31L	32M/32L
266	266	31Z	33F	33M/V8	34M/34L/PU3
268	268	31Z	33F	33M/V8	34M/34L/PU3
H45	H45	31Z	33F	33M/V8	34M/34L/PU3
J21	J21	31Z	33F	33M/V8	34M/34L/PU3



Acrylic Denture Teeth

- Quality Aesthetics
- Multi-Layered
- Durable
- Fluorescence
- Cross-linked
- Polish

Available in Vita® shades & American moulds