

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 POSTERIOURS (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°											
TOTAL											

LOWER POSTERIOURS (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°											
TOTAL											

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 \$40.00

Residential and rural shipping charges may apply.

PRICE

ITEM COST
 1x6 or 1x8 \$2.75 per set

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

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.

- Full sets available with 0°, 10°, and 20° posteriors
- Multilayered
- Cross-linked
- Convenient - anteriors & posteriors on same card
- Sold in the U.S.A. for over 60 years

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223											
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3N											
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136											
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267											
3R											
E22											
F42											
Total											

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 \$40.00
 Residential and rural shipping charges may apply.

ITEM	PRICE	COST
Full set 1 x 28		\$9.95 per set

Number Of Full Sets 1x28	Price	*Merchandise Subtotal
	X	= \$
Illinois Residents Add 2.25% Sales Tax		\$
Shipping And Handling		\$
TOTAL AMOUNT		\$

For office use only _____ Entered _____ Checked _____ Shipped