



Uhler Acrylic Teeth

Vita® Shades

Ship the following to: _____ Date: _____

Name: _____

Address: _____

City and State: _____ Zip: _____

UPPER ANTERIORS

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
3M													
3D													
2D													
3N													
2N													
A24													
A25													
A26													
3P													
2P													
1H													
4H													
136													
264													
266													
267													

TOTAL: _____

LOWER ANTERIORS

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
3M													
3D													
2D													
3N													
2N													
A24													
A25													
A26													
3P													
2P													
1H													
4H													
136													
264													
266													
267													

TOTAL: _____

UPPER POSTERIOBS

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
31Z - 0°													
32F - 10°													
33F - 10°													
29M - 20°													
31M - 20°													
33M - 20°													
32M - 33°													
34M - 33°													

TOTAL: _____

LOWER POSTERIOBS

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
31Z - 0°													
32F - 10°													
33F - 10°													
29M - 20°													
31M - 20°													
33M - 20°													
32M - 33°													
34M - 33°													

TOTAL: _____

Articulations

Upper	Lower	0°	10°	20°	33°
3M	3M	31Z	32F	29M	32M
3D	3D	31Z	32F	31M	32M
2D	2D	31Z	32F	31M	32M
3N	3N	31Z	32F	31M	32M
2N	2N	31Z	32F	31M	32M
A24	A24	31Z	32F	31M	32M
A25	A25	31Z	32F	31M	32M
A26	A26	31Z	32F	31M	32M
3P	3P	31Z	32F	31M	32M
2P	2P	31Z	32F	31M	32M
1H	1H	31Z	33F	33M	34M
4H	4H	31Z	32F	31M	32M
136	136	31Z	32F	31M	32M
264	264	31Z	32F	31M	32M
266	266	31Z	33F	33M	34M
267	267	31Z	33F	33M	34M

For payment we accept:

☐ Mastercard ☐ Visa ☐ AmEx ☐ Discover

Billing Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration: ____ / ____ Security Code: _____

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: 1 set 1x6 or 1x8 COST: \$3.50 per set

Sets Price
_____ x _____ = \$ _____

Merchandise Subtotal = \$ _____

Illinois Residents add
2.25% Sales Tax = \$ _____

Shipping & Handling = \$ _____

TOTAL AMOUNT = \$ _____

For Office Use Only:

Entered: _____

Checked: _____



Uhler Dental Supply, Inc.

5749 W. Lawrence Ave.

Chicago, IL 60630

(773)283-8300 (Phone)

1-800-937-3753 (Toll-Free)

www.uhlerdental.com

Serving the dental community since 1964