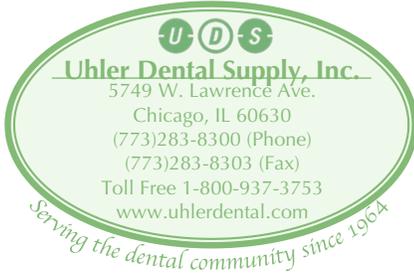


UhlerDent

Premium Acrylic Denture Teeth 3 Layers

Available in IPN® moulds & Vita® shades



Ship the following to:

Date: _____

Name: _____

Address: _____

City & State: _____ Zip: _____

UPPER ANTERIORS (1x6)

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
H11													
E12													
G12													
E13													
D21													
J21													
X21													
C22													
E22													
E32													
D42													
F42													
G42													
F43													
H45													
D55													
G62													
E75													

Total _____

UPPER POSTERIOBS (1x8) 0 / 10 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
32Z													
30F													
32F													
34F													

Total _____

LOWER POSTERIOBS (1x8) 0 / 10 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
32Z													
30F													
32F													
34F													

Total _____

UPPER POSTERIOBS (1x8) 20 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
29M													
31M													
33M													

Total _____

LOWER POSTERIOBS (1x8) 20 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
29M													
31M													
33M													

Total _____

UPPER POSTERIOBS (1x8) 33 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
30M													
32M													
34M													

Total _____

LOWER POSTERIOBS (1x8) 33 DEGREE

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
30M													
32M													
34M													

Total _____

LOWER ANTERIORS (1x6)

M	S	A0	A1	A2	A3	A3.5	A4	B0	B1	B2	C1	C2	D2
E2													
F3													
H4													
N5													
O6													
P7													
R8													
S9													
K1													

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 available at an additional cost.

*In person pick-up available for local customers.

PRICES

ITEM	LAB PRICE	SUGGESTED RETAIL PRICE
1 Set (1x6)	\$14.95	\$24.95
1 Set (1x8)	\$12.95	\$19.95

GRAND TOTALS

Number of sets

1x6	x	Price	\$ _____
1x8	x	Price	\$ _____

Merchandise Subtotal \$ _____

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	0 Degree Posterior	10 Degree Posterior	20 Degree Posterior	33 Degree Posterior
H11	S9/K1	32Z	34F	33M	34M
E12	N5	32Z	32F	31M	32M
G12	R8	32Z	34F	33M	34M
E13	H4	32Z	30F	31M	30M
D21	F3	32Z	30F	29M	30M
J21	K1	32Z	34F	33M	34M
X21	P7	32Z	34F	31M	32M
C22	H4	32Z	30F	29M	30M
E22	H4	32Z	32F	29M	30M
E32	H4	32Z	32F	31M	32M
D42	F3	32Z	32F	29M	32M
F42	H4	32Z	32F	31M	32M
G42	O6/P7	32Z	32F	31M	32M
F43	N5	32Z	32F	31M	32M
H45	O6	32Z	34F	33M	34M
D55	E2	32Z	30F	29M	30M
G62	R8/K1	32Z	34F	33M	34M
E75	N5	32Z	32F	31M	30M

Premium Acrylic Denture Teeth

3 Layers

IPN® moulds & 12 Vita® shades

Uhler Dental Supply

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www.uhlerdental.com

