



Premium Acrylic Denture Teeth 3 Layers

Available in IPN® moulds & Vita® shades

Ship the following to: _____ Date: _____
 Name: _____
 Address: _____
 City and State: _____ Zip: _____

Upper Anteriors

UPPER ANTERIORS (1X6)																		
M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
H11																		
E12																		
G12																		
E13																		
D21																		
J21																		
X21																		
C22																		
E22																		
F24																		
F31																		
E32																		
D42																		
F42																		
G42																		
F43																		
H45																		
D55																		
G62																		
E75																		

Total _____

Lower Anteriors

LOWER ANTERIORS (1X6)																		
M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
C1																		
E2																		
F3																		
H4																		
N5																		
O6																		
P7																		
R8																		
S9																		
K1																		

Total _____

(Over – Other Side – Articulation Chart)

For office use only: Entered _____ Checked _____ Shipped _____

Upper Posteriors

UPPER POSTERIORS (1X8) 0/10 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
32Z																		
30F																		
32F																		
34F																		

Total _____

UPPER POSTERIORS (1X8) 20 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
29M																		
31M																		
31L																		
33M																		

Total _____

UPPER POSTERIORS (1X8) 33 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
30M																		
32M																		
34M																		

Total _____

Lower Posteriors

LOWER POSTERIORS (1X8) 0/10 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
32Z																		
30F																		
32F																		
34F																		

Total _____

LOWER POSTERIORS (1X8) 20 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
29M																		
31M																		
31L																		
33M																		

Total _____

LOWER POSTERIORS (1X8) 33 DEGREE

M	S	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
30M																		
32M																		
34M																		

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)	\$17.95.....	\$36.95
1 set (1x8)	\$14.95.....	\$26.95

1x6 Price _____ = \$ _____

1x8 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.



ARTICULATION CHART

UPPER ANTERIOR	LOWER ANTERIOR	POSTERIORES			
		0 DEGREE	10 DEGREE	20 DEGREE	33 DEGREE
H11	S9	32Z	34F	33M	34M
E12	N5	32Z	32F	31M	32M
G12	R8	32Z	34F	33M	34M
E13	H4	32Z	32F	31M	30M
D21	F3	32Z	30F	29M	30M
J21	K1	32Z	34F	33M	34M
X21	P7	32Z	34F	31M	32M
C22	C1	32Z	30F	29M	30M
E22	H4	32Z	30F	29M	30M
F24	F3/H4	32Z	32F	31M	32M
F31	P7/S9	32Z	32F	31L	32M
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	R8	32Z	34F	33M	34M
D55	E2	32Z	30F	29M	30M
G62	R8/K1	32Z	34F	33M	34M
E75	N5	32Z	32F	31M	30M

• eledent Premium Acrylic Denture Teeth

• 3 Layers

• Excellent Aesthetics, Hardness, & Bond Strength

• Enhanced Incisal Translucency

Available in IPN® moulds & Vita® shades

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