

Reveal



Uhler Dental Supply, Inc.
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Toll Free 1-800-937-3753
www.uhlerdental.com

Serving the dental community since 1964



Acrylic Denture Teeth

Ship the following to: _____

Date: _____

Name: _____

Address: _____

City & State: _____ Zip: _____

UPPER ANTERIORS (1 X 6)

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 (1 X 6)

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 POSTERIOBS (1 x 8) 0 DEGREE/10 DEGREE

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

Total _____

UPPER POSTERIOBS (1 x 8) 20 DEGREE

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

Total _____

UPPER POSTERIOBS (1 x 8) 33 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 POSTERIOBS (1 x 8) 0 DEGREE/10 DEGREE

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

Total _____

LOWER POSTERIOBS (1 x 8) 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 POSTERIOBS (1 x 8) 33 DEGREE

M/S	A0	A1	A2	A3	A3.5	A4	B1	B2	B3	C1	C2	C3	D2	D3
30M														
32M														
32L														
34M														
34L														
PL3														

Total _____

For payment we accept

Mastercard VISA AmEx Discover Card

Credit Card Billing Address: _____

City _____ State _____ ZIP _____

Card Number _____

Expiration Date _____ / _____ 3 or 4 Digit Security Code: _____

X _____
Cardholder Signature

Amount \$ _____ Date _____

*Minimum order \$35.00
*Residential & Rural surcharge may apply

Prices subject to change without notice.
(Over - Other Side - Articulation Chart)

PRICES

ITEM COST
1 set (1x6 or 1x8) **\$3.50**

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

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	POSTERIOR 0°	POSTERIOR 10°	POSTERIOR 20°	POSTERIOR 33°
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
- Hardness
- Cross-Linked
- Multi Layer
- Polish
- Fluorescent

Available in Vita® shades & American moulds

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