

Account/Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Purchase Order No: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
**FAX COMPLETED TOOTH FORM TO: (305) 267-4565**

# Tooth Order Form



*For King Hue Cross Linked Acrylic Teeth*

**MDS Miami Dental Supplies**  
 4714 SW 74 AVE Miami FL, 33155

**Tel: (305) 267-4545 FAX : (305) 267-4565**

**UPPER ANTERIORS 1X6**

Mould	SHADE/COLOR										Total
	50	59	62	65	66	67	69	77	81	87	
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											
Visit <a href="http://www.dentallabservices.com/tooth_counter.htm">www.dentallabservices.com/tooth_counter.htm</a> for chart.											Total

**LOWER ANTERIORS 1X6**

Mould	SHADE/COLOR										Total
	50	59	62	65	66	67	69	77	81	87	
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											
											Total

**UPPER POSTERIORIS 1X8**

Mould	SHADE/COLOR										Total
	50	59	62	65	66	67	69	77	81	87	
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											
*Darker lines indicate degree change (0°, 10°, 20°, or 33°).											Total

**LOWER POSTERIORIS 1X8**

Mould	SHADE/COLOR										Total
	50	59	62	65	66	67	69	77	81	87	
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											
											Total

**CREDIT INFORMATION**

Type:  Visa  MasterCard  Discover  AmerEx  Security Code

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Print Cardholders Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Terms:  Will Call  Ship Ground  \_\_\_\_\_ Day Air **Total**

**Tooth Card Total:**

**Indicate method of payment**  
 My Established MDS Account  
 Credit Card  C.O.D.  
 I Wish to Open an Account  
 (attach credit application)

Thank you for your order!

Sub-Total \$
Freight \$
Sales Tax \$
<b>TOTAL \$</b>