Date:_____ PO #:_____

Customer #: _____ Class: _____ Div. : _____

Bill to: _____

Address: _____

City: _____ State:_____Zip: _____

Phone: _____ Fax: _____

Ship to: _____

Address: _____

City: _____State:_____Zip: _____

Imperial®

Order Form

Justi Products

A Brand Division of American Tooth Industries

1200 Stellar Drive • Oxnard, CA 93033-2404

(800) 628-1437 • (805) 487-9868 • FAX (805) 483-8482

E-mail: info@americantooth.com

Web Site: www.americantooth.com

☐ 1 x 6 **44 MOLDS UPPER ANTERIORS** ☐ Boxes

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82
1G																		
1L																		
1M																		
1N																		
1S																		
1T																		
2M																		
2N																		
2S																		
3M																		
3N																		
3S																		
4M																		
4N																		
4S																		
5G																		
5L																		
5M																		
5N																		
5S																		
5T																		
7M																		
7N																		
7S																		
8M																		
8N																		
8S																		
9G																		
9L																		
9M																		
9N																		
9S																		
9T																		
10M																		
10N																		
10S																		
12M																		
12N																		
12S																		
∆E12																		
∆E22																		
∆E32																		
∆F42																		
∆D55																		
TOTAL																		

☐ 1 x 6 **13 MOLDS LOWER ANTERIORS** ☐ Boxes

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82
U																		
V																		
W																		
X																		
Y																		
Z																		
VL																		
VS																		
YL																		
YS																		
∆ E																		
∆ H																		
∆ N																		
TOTAL																		

Comments: _____

ANTERIORS

Total Upper Anteriors: _____

Total Lower Anteriors: _____

Total Anteriors 1x6 20cards/box
#083-50-0102

_____ X $ _____ = $ _____

POSTERIORS

Total Posteriors 1x8 20cards/box
#083-50-0202

_____ X $ _____ = $ _____

Total Imperial Delta 1x8
20 cards/box - #083-54-0010

_____ **X $** _____ **= $**_____

Grand Total $ _____

Approval: _____

***SEE REVERSE SIDE FOR POSTERIORS**

Date:_____ PO #:_____

Customer #: _____ Class: _____ Div. : _____

Bill to: _____

Address: _____

City: _____ State:_____Zip: _____

Phone: _____ Fax: _____

Ship to: _____

Address: _____

City: _____State:_____Zip: _____

Imperial®

Order Form

Justi Products

A Brand Division of American Tooth Industries

1200 Stellar Drive • Oxnard, CA 93033-2404

(800) 628-1437 • (805) 487-9868 • FAX (805) 483-8482

E-mail: info@americantooth.com

Web Site: www.americantooth.com

☐ 1 x 8 **22 MOLDS UPPER POSTERIORS** ☐ **Boxes**

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
34M																			Medium
32M																			
30M																			
28M																			
34L																			Long 33°
32L																			
30L																			
28L																			
34S																			Short
32S																			
30S																			
33Z																			0°
31Z																			
29Z																			
34X																			10°
33X																			
32X																			
30X																			
OLU5																			15°
33XX																			20°
31XX																			
29XX																			
TOTAL																			

☐ 1 x 8 **22 MOLDS LOWER POSTERIORS** ☐ **Boxes**

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
34M																			Medium
32M																			
30M																			
28M																			
34L																			Long 33°
32L																			
30L																			
28L																			
34S																			Short
32S																			
30S																			
33Z																			0°
31Z																			
29Z																			
34X																			10°
33X																			
32X																			
30X																			
OLL5																			15°
33XX																			20°
31XX																			
29XX																			
TOTAL																			

☐ 1 x 8 **4 MOLDS UPPER POSTERIOR DELTAΔ^{TM} TEETH** ☐ **Boxes**

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
Δ 30X																			10°
Δ 32X																			
Δ 34X																			
Δ 36X																			
TOTAL																			

☐ 1 x 8 **4 MOLDS LOWER POSTERIOR DELTAΔ^{TM} TEETH** ☐ **Boxes**

MOLD	20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
Δ 30X																			10°
Δ 32X																			
Δ 34X																			
Δ 36X																			
TOTAL																			

Comments:

POSTERIORS

Total Upper Posteriors:

_____

Total Lower Posteriors:

_____

Total Posteriors 1x8 20 cards/box #083-50-0202

_____ X $ _____ = $_____

IMPERIAL DELTA

Total Upper Posteriors:

_____

Total Lower Posteriors:

_____

Total Imperial Delta 1x8 20 cards/box - #083-54-0010

_____ X $ _____ = $_____

Approval: _____

*SEE REVERSE SIDE FOR ANTERIORS