

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) 235-4639 • (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																		
ΔE12																		
ΔE22																		
ΔE32																		
ΔF42																		
ΔD55																		
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																		
Δ E																		
Δ H																		
Δ N																		
TOTAL																		

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ANTERIORS

Total Upper Anteriors: \_\_\_\_\_

Total Lower Anteriors: \_\_\_\_\_

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

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

POSTERIORIS

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

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Grand Total \$ \_\_\_\_\_**

**Approval:** \_\_\_\_\_

**\*SEE REVERSE SIDE FOR POSTERIORIS**

Date: \_\_\_\_\_ PO #: \_\_\_\_\_

Customer #: \_\_\_\_\_ Class: \_\_\_\_\_ Div. : \_\_\_\_\_

Bill to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ship to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**1 x 8**                      **21 MOLDS UPPER POSTERIOR**                       **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																			
31Z																			0°
29Z																			
34X																			10°
33X																			
32X																			
30X																			
33XX																			20°
31XX																			
29XX																			
TOTAL																			

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

**1 x 8**                      **21 MOLDS LOWER POSTERIOR**                       **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																			
31Z																			0°
29Z																			
34X																			10°
33X																			
32X																			
30X																			
33XX																			20°
31XX																			
29XX																			
TOTAL																			

**POSTERIOR**

Total Upper Posteriors: \_\_\_\_\_

Total Lower Posteriors: \_\_\_\_\_

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

\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Approval:** \_\_\_\_\_