



1X6 UPPER ANTERIORS 20 MOULDS																	
SHADES MOULDS	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																	

1X8 UPPER POSTERIORIORS 10 MOULDS																	
SHADES MOULDS	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
0°/10°																	
32Z																	
32F																	
34F																	
20°																	
29M																	
31M																	
31L																	
33M																	
33°																	
30M																	
32M																	
34M																	
TOTAL																	

1X6 LOWER ANTERIORS 10 MOULDS																	
SHADES MOULDS	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																	

1X8 LOWER POSTERIORIORS 10 MOULDS																	
SHADES MOULDS	A1	A2	A3	A3.5	A4	B0	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4
0°/10°																	
32Z																	
32F																	
34F																	
20°																	
29M																	
31M																	
31L																	
33M																	
33°																	
30M																	
32M																	
34M																	
TOTAL																	

ANTERIOR CARDS		POSTERIOR CARDS	
TOTAL UPPER 1X6		TOTAL UPPER 1X8	
TOTAL LOWER 1X6		TOTAL LOWER 1X8	
GRAND TOTAL		GRAND TOTAL	

Customer ID#
Lab Name:
Address:
Phone:
Ship To (if different):

PLEASE SELECT A SHIPPING METHOD BELOW			
<input type="checkbox"/>	UPS Ground	<input type="checkbox"/>	FedEx Ground
<input type="checkbox"/>	UPS Next Day Air	<input type="checkbox"/>	FedEx Priority Overnight
<input type="checkbox"/>	UPS 2nd Day Air	<input type="checkbox"/>	FedEx Standard Overnight
<input type="checkbox"/>	US Mail	<input type="checkbox"/>	FedEx 2nd Day Air
<input type="checkbox"/>	Other(Specify):		