

Date: _____ PO #: _____
 Customer #: _____ Class: _____ Div. : _____
 Bill to: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Ship to: _____
 Address: _____
 City: _____ State: _____ Zip: _____



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 **24 MOLDS UPPER ANTERIORS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
1G																				
1L																				
1M																				
2S																				
3M																				
3N																				
3S																				
5L																				
5N																				
5S																				
7M																				
7N																				
8M																				
8N																				
8S																				
9G																				
10M																				
12M																				
12N																				
Δ E12																				
Δ E22																				
Δ E32																				
Δ F42																				
Δ D55																				
TOTAL																				

Comments: _____

1 x 6 **9 MOLDS LOWER ANTERIORS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
U																				
V																				
W																				
X																				
Y																				
YS																				
Δ E																				
Δ H																				
Δ N																				
TOTAL																				

ANTERIORS
 Total Upper Anteriors _____
 Total Lower Anteriors _____
 Total Anteriors 1x6 20cards/box #083-50-0610
 _____ X \$ _____ = \$ _____

1 x 2 **SPECIALTY UPPER CENTRAL INCISORS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
AXL																				
TOTAL																				

SPECIALTY
 Total Upper Incisors 1x2 20cards/box - #083-50-0610XL
 _____ X \$ _____ = \$ _____
POSTERIORIS
 Total Posterioris 1x8 20cards/box #083-50-0620
 _____ X \$ _____ = \$ _____
IMPERIAL VIVO DELTA
 Total Imperial Vivo Delta 1x8 20cards/box - #083-54-0020
 _____ X \$ _____ = \$ _____
SPECIALTY
 Total Upper Bicuspidis 1x4 20cards/box - #083-50-0620X36
 _____ X \$ _____ = \$ _____
Grand Total \$ _____

*Imperial Vivo shades B4, C3 and D4 are available only upon special request. Please contact us for details

Approval: _____

Date: _____ PO #: _____
 Customer #: _____ Class: _____ Div. : _____
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 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
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 Address: _____
 City: _____ State: _____ Zip: _____



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1 x 8 **13 MOLDS UPPER POSTERIOBS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
34M																				
32M																				
30M																				
33Z																				
31Z																				
29Z																				
34X																				
33X																				
32X																				
OLU5																				
33XX																				
31XX																				
29XX																				
TOTAL																				

Medium 33°
0°
10°
15°
20°

Comments:

1 x 8 **13 MOLDS LOWER POSTERIOBS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
34M																				
32M																				
30M																				
33Z																				
31Z																				
29Z																				
34X																				
33X																				
32X																				
OLL5																				
33XX																				
31XX																				
29XX																				
TOTAL																				

Medium 33°
0°
10°
15°
20°

POSTERIOBS
 Total Upper Posteriors _____
 Total Lower Posteriors _____
 Total Posteriors 1x8
 20 cards/box - #083-50-0620
 _____ X \$ _____ = \$ _____

1 x 8 **4 MOLDS UPPER POSTERIOR IMPERIAL VIVO DELTA™ TEETH** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
Δ 30X																				
Δ 32X																				
Δ 34X																				
Δ 36X																				
TOTAL																				

10°

IMPERIAL VIVO DELTA
 Total Upper Posteriors _____
 Total Lower Posteriors _____

1 x 8 **4 MOLDS LOWER POSTERIOR IMPERIAL VIVO DELTA™ TEETH** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
Δ 30X																				
Δ 32X																				
Δ 34X																				
Δ 36X																				
TOTAL																				

10°

Total Imperial Vivo Delta 1x8
 20cards/box - #083-54-0020
 _____ X \$ _____ = \$ _____

1 x 4 **SPECIALTY UPPER BICUSPIDS** Boxes

MOLD	OM1	OM2	OM3	A1	A2	A3	A3.5	A4	B1	B2	B3	B4*	C1	C2	C3*	C4	D2	D3	D4*	
PXL36																				
TOTAL																				

30°

SPECIALTY
 Total Upper Bicuspids 1x4
 20cards/box - #083-50-0620X36
 _____ X \$ _____ = \$ _____

Grand Total \$ _____

*Imperial Vivo shades B4, C3 and D4 are available only upon special request. Please contact us for details

Approval: _____