

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



Order Form



356 Dean ave, Oshawa, On, L1H 3E2

[www.OrthoFlex.ca](http://www.OrthoFlex.ca) 1-866-667-0668 info@OrthoFlex.ca

1 x 8      **22 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
32L																			
30L																			
28L																			
34S																			Short
32S																			
30S																			
33Z																			0°
31Z																			
29Z																			
34X																			10°
33X																			
32X																			
30X																			
OLU5																			15°
33XX																			
31XX																			
29XX																			20°
TOTAL																			

Boxes

4 MOLDS UPPER POSTERIOR DELTA™ TEETH		20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
MOLD																				
Δ 30X																				
Δ 32X																				
Δ 34X																				
Δ 36X																				
TOTAL																				

Boxes

4 MOLDS LOWER POSTERIOR DELTA™ TEETH		20	25	35	45	50	59	60	62	64	65	66	67	68	69	70	77	81	82	
MOLD																				
Δ 30X																				
Δ 32X																				
Δ 34X																				
Δ 36X																				
TOTAL																				

1 x 8      **22 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
32L																			
30L																			
28L																			
34S																			Short
32S																			
30S																			
33Z																			0°
31Z																			
29Z																			
34X																			10°
33X																			
32X																			
30X																			
OLL5																			15°
33XX																			
31XX																			
29XX																			20°
TOTAL																			

POSTERIOR

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

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

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

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

IMPERIAL DELTA

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

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