



356 Dean ave, Oshawa, On, L1H 3E2

www.OrthoFlex.ca 1-866-667-0668 info@OrthoFlex.ca

Date _____ P.O. # _____
 Customer # _____ Div. _____
 Bill To _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____

JUSTI BLEND® ORDER FORM

Ship To _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____

1 x 6 **27 UPPER ANTERIOR MOLDS** Boxes

Molds	200	202	204	206	208	210	212	214	216
A4									
A7									
B3									
B8							*	*	*
C1							*	*	*
C2									
C5							*	*	*
C6									
D1									
D2									
D3									
D6							*	*	*
E1							*	*	*
E2							*	*	*
E3									
E6									
E8							*	*	*
F1							*	*	*
F4									
G5							*	*	*
G7									
H2									
H4							*	*	*
J2							*	*	*
J3									
J5							*	*	*
K4									
Total									

1 x 8 **18 UPPER POSTERIOR MOLDS** Boxes

Molds	200	202	204	206	208	210	212	214	216
0°									
29MF									
31MF									
33MF									
10°									
30F									
32F									
34F									
20°									
29L									
31L									
33L									
29M									
31M									
33M									
ANATOMICAL MEDIUM - 33°									
30M									
32M									
34M									
ANATOMICAL LONG - 33°									
30L									
32L									
34L									
Total									

1 x 6 **8 LOWER ANTERIOR MOLDS** Boxes

Molds	200	202	204	206	208	210	212	214	216
1									
2									
3									
4									
5							*	*	*
6									
7									
8							*	*	*
Total									

1 x 8 **18 LOWER POSTERIOR MOLDS** Boxes

Molds	200	202	204	206	208	210	212	214	216
0°									
29MF									
31MF									
33MF									
10°									
30F									
32F									
34F									
20°									
29L									
31L									
33L									
29M									
31M									
33M									
ANATOMICAL MEDIUM - 33°									
30M									
32M									
34M									
ANATOMICAL LONG - 33°									
30L									
32L									
34L									
Total									

* Not Available

Anterior Cards (1 x 6) - 16 cards per box.

Posterior Cards (1 x 8) - 20 cards per box.

Total Upper Anteriors 1 x 6	
Total Lower Anteriors 1 x 6	
Total Anteriors 1 x 6	

Total Upper Posteriors 1 x 8	
Total Lower Posteriors 1 x 8	
Total Posteriors 1 x 8	

Item #079-58-0001

Item #079-58-0003

Remarks _____

Signed _____

Distributed By _____