Date:_____ PO #:_____

Customer #: _____ Class: _____ Div. : _____

Bill to: _____

Address: _____

City: _____ State:_____Zip: _____

Phone: _____ Fax: _____

Ship to: _____

Address: _____

City: _____State:_____Zip: _____

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Order Form

OrthoFlex

356 Dean ave, Oshawa,On,L1H 3E2

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

☐ 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																			

☐ 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																			

ANTERIORS

Total Upper Anteriors

_____

Total Lower Anteriors

_____

Total Anteriors 1x6 20cards/box #083-50-0610

_____ X $_____ = $_____

SPECIALTY

Total Upper Incisors 1x2 20cards/box - #083-50-0610XL

_____ X $_____ = $_____

POSTERIORS

Total Posteriors 1x8 20cards/box #083-50-0620

_____ X $_____ = $_____

IMPERIAL VIVO DELTA

Total Imperial Vivo Delta 1x8 20cards/box - #083-54-0020

_____ X $_____ = $_____

SPECIALTY