

Account/Name: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____

Date: _____ Purchase Order # _____

Phone # _____ Fax # _____

FAX COMPLETED TOOTH FORM TO: 305-267-4565

Tooth Order Form

Veratone

For Veratone Multichromatic Acrylic Teeth

MDS Miami Dental Supplies

4714 SW 74 Ave Miami FL 33155

Tel: 305-2674545 * Fax: 305-267-4565

UPPER ANTERIORS 1X6

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
13										
25										
35										
36										
56										
57										
66										
76										
77										
78										
85										
88										
98										
99										
										Total

LOWER ANTERIORS 1X6

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
13										
25										
35										
36										
56										
57										
66										
76										
77										
78										
85										
88										
98										
99										
										Total

UPPER POSTERIOR 1X8

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
11										
12										
13										
41										
44										
45										
										Total

LOWER POSTERIOR 1X8

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
11										
12										
13										
41										
44										
45										
										Total

CREDIT INFORMATION

Type: Visa MasterCard Discover AmerEx

Security Code

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Print Cardholders Name: _____

Signature: _____ Exp ____ / ____

Billing Address: _____

City: _____ State: _____ Zip: _____

Terms: Will Call Ship Ground _____ Day Air

Tooth Card Total:

Indicate method of payment

- My Established MDS Account
- Credit Card C.O.D.
- I Wish to Open an Account (attach credit application)

Thank you for your order!

Sub-Total \$
Freight \$
Sales Tax \$
TOTAL \$