Account/Name:_____ **Date:**_____ Purchase Order No:_____

Shipping Address:_____ Phone #_____ Fax #_____

City:_____ State:____ Zip:_____ FAX COMPLETED TOOTH FORM TO: (714)282-1675

Tooth Order Form

For King Hue Cross Linked Acrylic Teeth

KING HUE

DLS Corporation
246 West Taft Avenue ♦ Orange, CA-USA 92865
Toll Free: 1-800-514-7063 ♦ www.DentalLabServices.com

UPPER ANTERIORS 1X6

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											

Visit www.dentallabservices.com/tooth_counter.htm for chart. Total

LOWER ANTERIORS 1X6

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											

Total

UPPER POSTERIORS 1X8

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											

*Darker lines indicate degree change (0º,10º,20º, or 33º). Total

LOWER POSTERIORS 1X8

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											

Total

CREDIT INFORMATION

Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AmerEx

Security Code

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 DLS 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 $	