

TOOTH Order Form

Pearson Dental Supply, 13161 Telfair Avenue, Sylmar, CA 91342
Tel: (800) 336-8256 · (818) 362-2600 Ext 211 ♦ (818) 833-3202



BILLING	
Account Number:	
Name:	
Address:	
City:	
State, Zip Code:	
Telephone:	Fax:

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>											
Your Card Number (below):				Card Exp. Date:													
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														<table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>			
Credit Card Holder's Signature																	

Order Placed By: Print Name _____ **FAX: (818) 833-7725** Date: _____

ANTERIORS 1 x 6 <input type="checkbox"/> Basic Line																	
UPPERS																	
	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
L01																	
L02																	
L03																	
L04																	
L05																	
L06																	
A10																	
A11																	
A12																	
A13																	
P20																	
P21																	
P22																	
P23																	
LOWER																	
U01																	
U02																	
U03																	
U04																	
U05																	
U06																	

POSTERIORS 1 x 8 <input type="checkbox"/> Basic Line																	
33°																	
	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Total
BO																	
BU																	
CO																	
CU																	
DO																	
DU																	
12°																	
EO																	
EU																	
FO																	
FU																	
0°																	
GO																	
GU																	
HO																	
HU																	