



# UNIVERSAL ORTHODONTIC LAB, INC.®

11917 Front St. Norwalk, CA 90650

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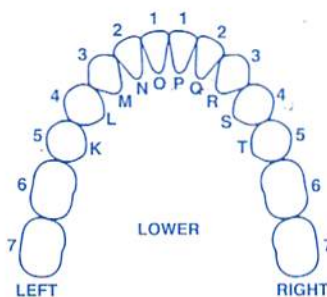
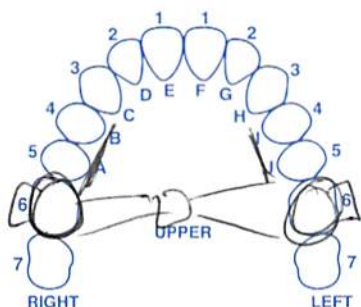
## LAB USE ONLY

- ☐ CONTACT ME REGARDING CASE ☐ ADDRESS CHANGE  
☐ MORE LABSLIPS ☐ NEW ACCOUNT

Practice Name: **SOUTH SHORE ORTHODONTICS** Acct#: **92349**  
Ship to: **2655 MERRICK RD**  
City: **BELLMORE** State: **NY** Zip: **11710** Phone: **516-783-1121**  
E-Mail: \_\_\_\_\_

Patient First Name: **Talia DeLucia** Last Name: **Ghattas**

☐ Normal ☐ Rush Date Sent: \_\_\_\_\_ Due Date: \_\_\_\_\_  
For a normal case, please allow 7 business days. \*Should be at least 1 day before appointment date.



- ↑ ↓ INSTRUCTIONS:
- |   |   |                     |
|---|---|---------------------|
| U | L | Standard Hawley     |
| U | L | Ball Clasp          |
| U | L | "C" Clasp           |
| U | L | Adams Clasp         |
| U | L | Circum. Hawley      |
| U | L | Hawley w/Flat Bow   |
| U | L | Circum. w/Flat Bow  |
| U | L | Pouring (add'l fee) |

Dr. Notes (Additional Instruction)

RPE  
tube on  
6/6

RMA#: \_\_\_\_\_ (If Applicable)

## LAB USE ONLY

RECEIVED DATE



Rx

UL1982499

SHIP DATE

