



UNIVERSAL ORTHODONTIC LAB, INC.

11917 Front St. Norwalk, CA 90650

Office: 562.484.0500 | Fax: 562.484.3633 | uniortholab.com



1008116

LAB USE ONLY

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

Practice Name: **DR. TOROK, CLAUDIA**

Acct#: **91527**

Ship to: **8930 S. SEPULVEDA BLVD SUITE 216**

City: **LOS ANGELES** State: **CA** Zip: **90045** Phone: **310-670-5686**

E-Mail: **INFO@TOROKORTHO.COM**

Patient
First Name

Susanna

Last Name

Yu

☒ Normal ☐ Rush

Date Sent:

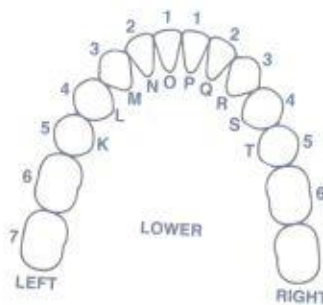
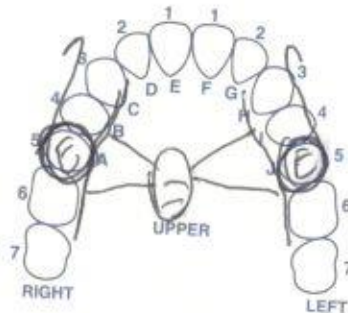
1/22/2025

Due Date:

2/5/2025

For a normal case, please allow 7 business days.

*Should be at least 1 day before appointment date.



INSTRUCTIONS:

- ☐ Standard Hawley
- ☐ Ball Clasp
- ☐ "C" Clasp
- ☐ Adams Clasp
- ☐ Circum. Hawley
- ☐ Hawley w/ Flat Bow
- ☐ Circum. w/ Flat Bow
- ☐ Pouring (add'l fee)

Dr. Notes (Additional Instruction)

Maxillary Expander
with bands on
[E]s and hooks
for Face mask

RMA#: _____ (If Applicable)

LAB USE ONLY

RECEIVED DATE



UL2398564

SHIP DATE

