

LAB USE ONLY



UNIVERSAL ORTHODONTIC LAB, INC.®

11917 Front St. Norwalk, CA 90650

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- ☐ CONTACT ME REGARDING CASE ☐ ADDRESS CHANGE
☐ MORE LAB SLIPS ☐ NEW ACCOUNT

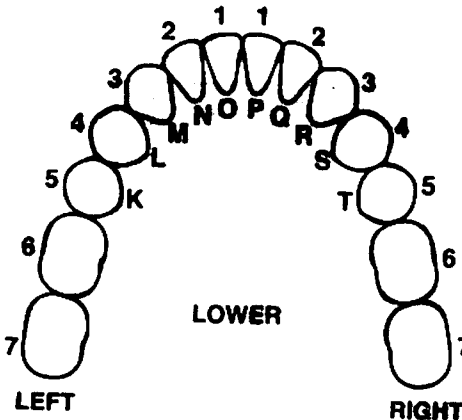
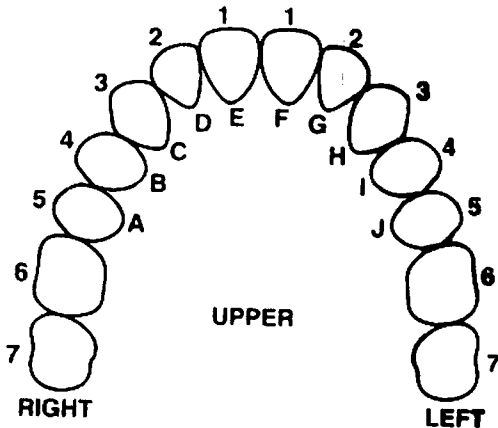
Practice Name: SUKOFF Orthodontics Acct#: _____
Ship to: 47 Merrick Ave
City: Norwalk State: NY Zip: 11566 Phone: 516-868-3131
E-Mail: FRANZO@SUKOFFORTHODON.COM

Patient Name First Name Last Name
Lilly DeVore

☐ Normal ☐ Rush
Extra fee will apply

Date Sent: 5/1/24
For a normal case, please allow 7 business days.

Due Date: 5/8/24
*Should be at least 1 day before appointment date.



- ↑ ↓ INSTRUCTIONS:
- ☐ ☐ Standard Hawley
 - ☐ ☐ Ball Clasp
 - ☐ ☐ "C" Clasp
 - ☐ ☐ Adams Clasp
 - ☐ ☐ Circumferential Hawley
 - ☐ ☐ Hawley w/Flat Bow
 - ☐ ☐ Circumferential w/Flat Bow
 - ☐ ☐ Essix
 - ☐ ☐ RPE
 - ☐ ☐ Add pontics _____
 - ☐ ☐ Add Bands _____

DR. NOTES (Additional Instruction)

*Maxillary
Hawley
with
habit
Breaker.*

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SHIP DATE

QR CODE

RECEIVED DATE



RMA#: _____