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UNIVERSAL ORTHODONTIC LAB, INC.®

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LAB USE ONLY

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

Practice Name: _____ Acct#: _____

Ship to: _____

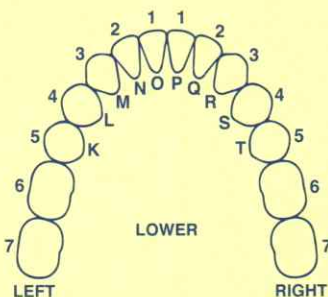
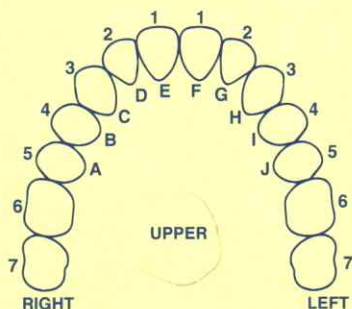
City: _____ State: _____ Zip: _____ Phone: _____

E-Mail: _____

Patient First Name DESTYNI Last Name SALAZAR

☐ Normal ☐ Rush Date Sent: 12/14/23 Due Date: 12/24/23

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)

RPE

Scan

RMA#: _____ (If Applicable)

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	RECEIVED DATE	
SHIP DATE		↑ ↓ <div style="height: 100px;"></div>