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UNIVERSAL ORTHODONTIC LAB, INC.®

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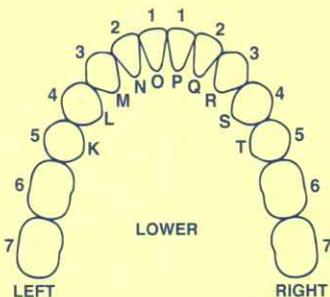
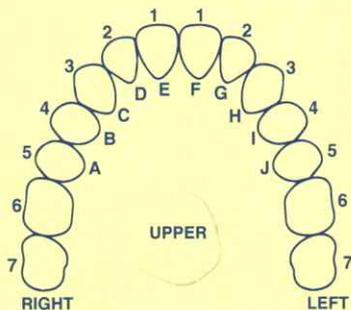
LAB USE ONLY

- 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:
 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
Scan
 RMA#: _____ (If Applicable)

LAB USE ONLY

RECEIVED DATE _____
 SHIP DATE _____
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