

LAB USE ONLY



UNIVERSAL ORTHODONTIC LAB, INC.®

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

Practice Name: _____ Acct#: _____

Ship to: _____

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

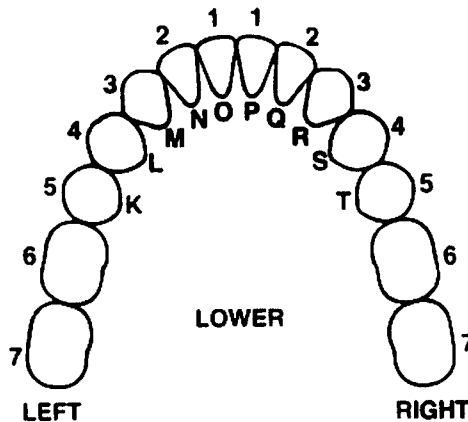
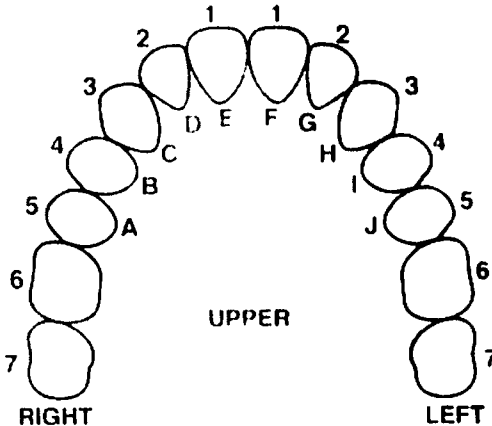
E-Mail: _____

Patient Name First Name Last Name
Ella Plaza

☐ Normal ☐ Rush
Extra fee will apply

Date Sent: 02/29/24
For a normal case, please allow 7 business days.

Due Date: 03/07/24
*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)

RPE

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SHIP DATE

QR CODE

RECEIVED DATE



RMA#: _____