



UNIVERSAL ORTHODONTIC LAB®

Excellence in Service Since 1985

SPECIAL REQUESTS

Doctor/Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Patient's First Name: _____ Last Name: _____

☐ Normal ☐ Rush Date Sent: _____ Due Date: _____
For a normal case, please allow 7 business days. For a rush case, additional fee will be applied.

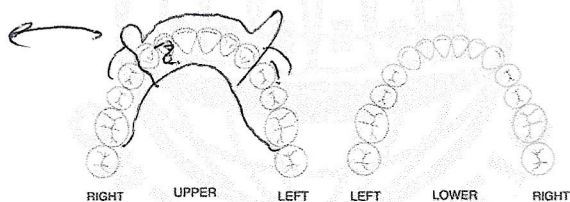
For 3D Cases Only:

File Name: _____

Sent Via: ☐ Univ. RX ☐ iTero ☐ 3M ☐ 3 Shape ☐ EasyRx ☐ Carestream

WHAT WE NEED: ☐ Mailing Labels ☐ Shipping Boxes ☐ Rx Sheets

Finger spring
behind # 7



SELECTED APPLIANCE

☐ ☐ ☐

ADDITIONAL INSTRUCTIONS:

☐ Ball Clasp
☐ C-Clasp
☐ Adams Clasp

BAND REQUEST

☐ Please include bands
☐ Will send bands separately
☐ N/A

☐ Add Pontics
☐ Add Colors

CASES SENT

Q.C BY:

Normal/Rush

LAB USE ONLY

Case Number