

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#: _____

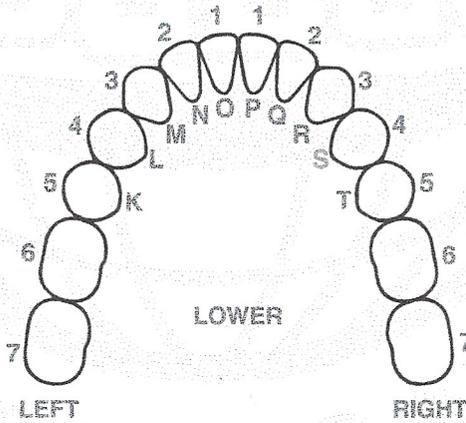
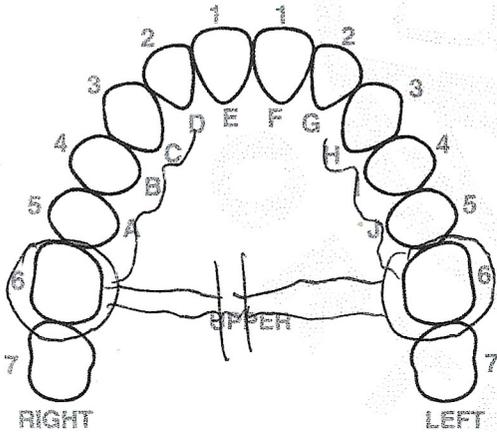
Ship to: _____

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

E-Mail: _____

Patient Name	First Name	Last Name
	M a r y	P a t r i c k

Normal Rush (Extra fee will apply)
 Date Sent: ____/____/____ Due Date: ____/____/____
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
 - Circumferential Hawley
 - Hawley w/Flat Bow
 - Circumferential w/Flat Bow
 - Essix
 - RPE
 - Add pontics _____
 - Add Bands _____

DR. NOTES (Additional Instruction)

RPE
with Bands.

RMA#: _____

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SHIP DATE

QR CODE

RECEIVED DATE

