

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#: _____

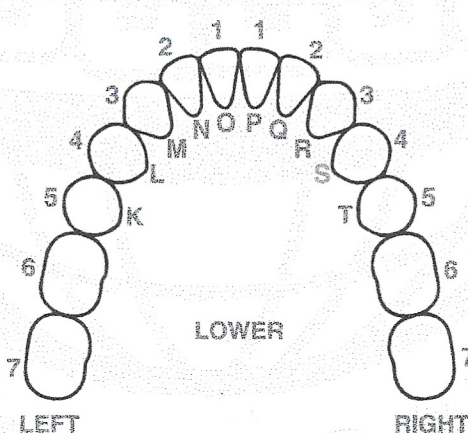
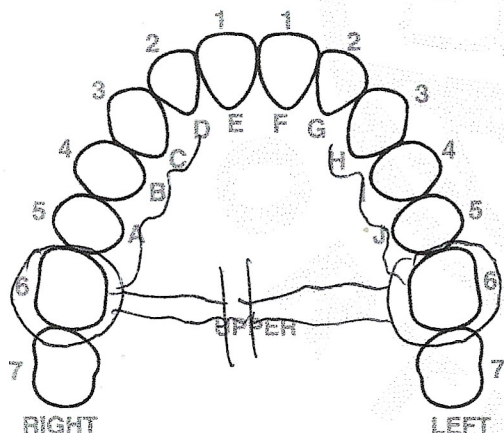
Ship to: _____

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

E-Mail: _____

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

☐ Normal ☐ Rush Date Sent: ____/____/____ Due Date: ____/____/____
Extra fee will apply 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
 - ☐ Essixs
 - ☐ RPE
 - ☐ Add pontics _____
 - ☐ Add Bands _____

DR. NOTES (Additional Instruction)

RPE
with Bands.

RMA#: _____

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SHIP DATE

QR CODE

RECEIVED DATE

