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 First Name | | | | | | | | | **Last Name** | | | | | | | |

☐ **Normal** ☐ **Rush** **Date Sent:** ___ / ___ / ___
For a normal case, please allow 7 business days.
Due Date: ___ / ___ / ___
*Should be at least 1 day before appointment date.
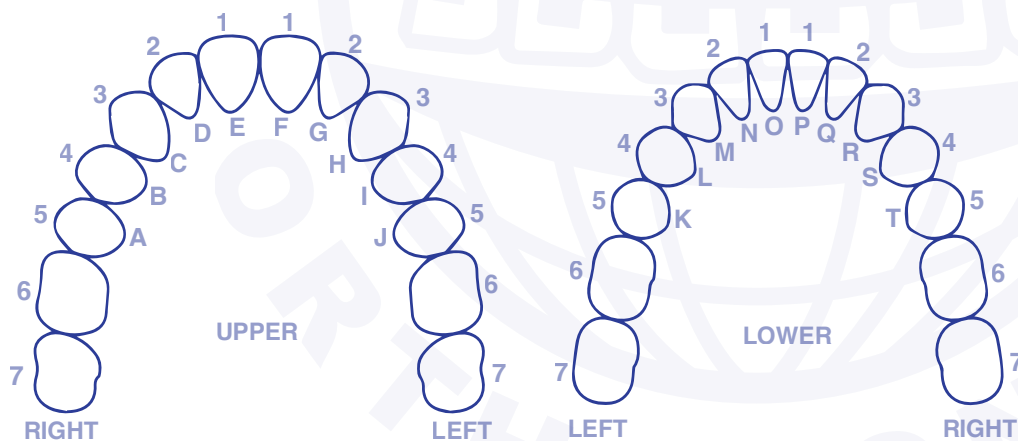
INSTRUCTIONS:

↑	↓	
U	L	Standard Hawley
U	L	Ball Clasp
U	L	"C" Clasp
U	L	Adams Clasp
U	L	Circumferential Hawley
U	L	Hawley w/Flat Bow
U	L	Circumferential w/Flat Bow
U	L	Pouring (addt'l fee)
U	L	Essixs
U	L	RPE
U	L	Add Pontics _____
U	L	Add Bands _____

DR. NOTES (Additional Instruction)

RMA#: _____

LAB USE ONLY

QR CODE

↑   ↓