UNIVERSAL
ORTHODONTIC LAB , INC.®

UNIVERSAL ORTHODONTIC SINCE 1985

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

Practice Name: _____ **Acct#:** _____

Ship to: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
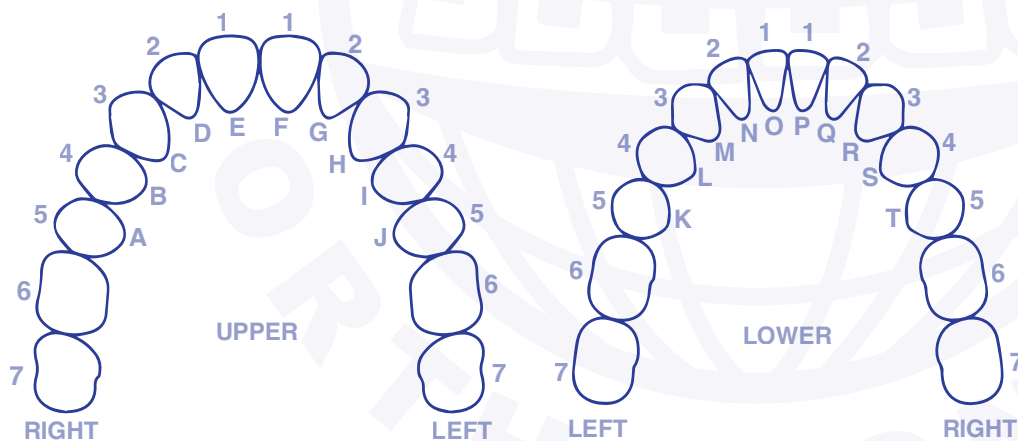
E-Mail: _____

Patient Name First Name _____ Last Name _____

☐ **Normal** ☐ **Rush**
Extra fee will apply

Date Sent: ___/___/___
For a normal case, please allow 7 business days.

Due Date: ___/___/___
*Should be at least 1 day before appointment date.

UPPER — RIGHT / LEFT

LOWER — LEFT / RIGHT

Tooth chart: 1 2 3 4 5 6 7 ; D E F G H I J ; A B C ; N O P Q R S T ; K L M

⬆ ⬇ **INSTRUCTIONS:**

U	L	
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	**Essixs**
U	L	**RPE**
U	L	**Add pontics** _____
U	L	**Add Bands** _____

DR. NOTES (Additional Instruction)

RMA#:_____

LAB USE ONLY

SHIP DATE

QR CODE

SINCE 1985

RECEIVED DATE ⬆ ⬇