



Office: 562.484.0500 | Fax: 562.484.3633 | uniortholab.com

☐ CONTACT ME REGARDING CASE ☐ ADDRESS CHANGE
☐ MORE LABSLIPS ☐ NEW ACCOUNT

SEND ADDITIONAL ☐ Rx Froms ☐ MAILING LABELS/SUPPLIES

Practice Name: _____ Acct#: _____

Ship to: _____

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

E-Mail: _____

[illegible]

<input type="checkbox"/> Normal	<input type="checkbox"/> 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.

BRACKET DETAILS		PLEASE INDICATE ON DIAGRAM ABOVE	
<p>TYPE OF BRACKET PLACEMENT</p> <p><input type="radio"/> Traditional</p>	<p>BONDING INFORMATION</p> <p><input type="radio"/> Upper <input type="radio"/> Lower</p>	<p>1. Mark an "X" on teeth missing, to be extracted, or not to be bonded.</p> <p>2. Indicate with arrows over-corrections.</p> <p><input type="checkbox"/> Digital <input type="checkbox"/> Stone</p>	
<p>BRACKET INFORMATION</p> <p><input type="radio"/> Doctor's Bracket <i>If multiple types of brackets in inventory, specify type in special instructions below.</i></p> <p><input type="radio"/> Mailing Brackets for this Case</p> <p><input type="radio"/> Universal Provides Brackets</p>			
<p><input type="radio"/> Metal - 5x5</p> <p><input type="radio"/> Ceramic - 5x5</p>			
<p>Buccal Tubes (Optional)</p> <p><input type="radio"/> 1st Molar <input type="radio"/> 2nd Molar <input type="radio"/> Both Type of Tube: _____</p>		<p>DIGITAL SCAN TAKEN WITH</p> <p><input type="radio"/> Medit</p> <p><input type="radio"/> Shining</p> <p><input type="radio"/> Carestream</p> <p><input type="radio"/> Omnicam</p> <p><input type="radio"/> 3M</p> <p><input type="radio"/> iTero</p> <p><input type="radio"/> Trios</p> <p><input type="radio"/> Other: _____</p>	
TRAY INFORMATION			
<p>UPPER</p> <p><input type="radio"/> Full Arch <input type="radio"/> Midline Arch <input type="radio"/> Three piece</p>			
<p>LOWER</p> <p><input type="radio"/> Full Arch <input type="radio"/> Midline Arch <input type="radio"/> Three piece</p>			

BRACKET HEIGHT PRESCRIPTION

The diagram illustrates the bracket height prescription for upper and lower dental arches. The upper arch shows a sequence of teeth with bracket heights of 3.0mm, 4.0mm, 4.5mm, 5.0mm, 4.5mm, 5.0mm, 5.0mm, 4.5mm, 5.0mm, 4.5mm, 4.0mm, and 3.0mm. The lower arch shows a sequence of teeth with bracket heights of 3.0mm, 3.5mm, 4.0mm, 4.5mm, 4.0mm, 4.0mm, 4.0mm, 4.5mm, 4.0mm, 3.5mm, and 3.0mm. Custom height brackets are indicated at the ends of both arches.

DR. NOTES (Additional Instruction)	LAB USE ONLY	
	SHIP DATE	QR CODE
	RECEIVED DATE ↑ ↓	
RMA#: _____		