

RMA#: _

RSAL Indirect Bonding Rx

11917 Front St. Norwalk, CA 90650	☐ CONTACT ME REGARDING CASE☐ MORE LABSLIPS☐ NEW ACCOUNT
Office: 562.484.0500 Fax: 562.484.3633 uniortholab.com	SEND ADDITIONAL Rx Froms MAILING LABELS/SUPPLIES
Practice Name:Ship to:State:	
City: Phone:	
Patient First Name Name	Last Name
Normal Rush Extra fee will apply For a normal case, please allow 7 business days. Due Date: Sent: For a normal case, please allow 7 business days. Due Date: Should be at least 1 day before appointment date.	
BRACKET DETAILS TYPE OF BRACKET PLACEMENT O Traditional O Upper O Lower BRACKET INFORMATION O Doctor's Bracket If multiple types of brackets in inventory, specify type in special instructions O Mailing Brackets for this Case O Universal Provides Brackets O Metal - 5x5 O Ceramic - 5x5 O Ceramic - 5x5 Buccal Tubes (Optional) O 1st Molar O 2nd Molar O Both O 1st Molar O Three pied LOWER O Full Arch O Midline Arch O Three pied	DIGITAL SCAN TAKEN WITH Medit Shining Carestream Omnicam SM TiTero Trios
BRACKET HEIGHT PRESCRIPTION	
Custom Height Standard Height 3.0mm 4.0mm 4.5mm 5.0mm 5.0mm 4.5mm 5.0mm 4.5mm 4.5mm 4.0mm 4.5mm 3.0mm Standard Height Custom Height Custom Height Custom Height Custom Height Custom Height	
DR. NOTES (Additional Instruction) LAB USE ONLY	
SHIP	OATE QR CODE
RECE	IVED DATE ↑ ↓