

LAB USE ONLY



# UNIVERSAL

## ORTHODONTIC LAB, INC.<sup>®</sup>

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

Practice Name: \_\_\_\_\_ Acct#: \_\_\_\_\_

Ship to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

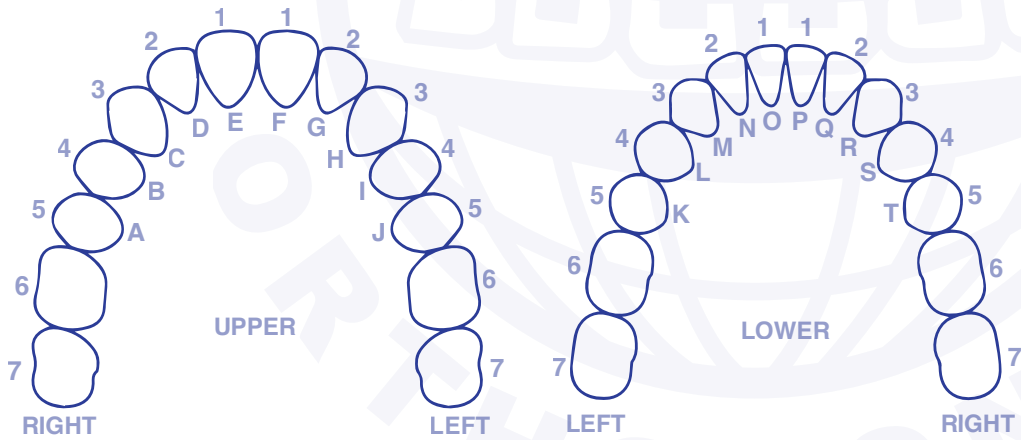
E-Mail: \_\_\_\_\_

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.



- ↑ ↓ 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 Essixs
  - U  L RPE
  - U  L Add pontics \_\_\_\_\_
  - U  L Add Bands \_\_\_\_\_

DR. NOTES (Additional Instruction)

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RMA#: \_\_\_\_\_

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SHIP DATE	QR CODE
RECEIVED DATE	↑ ↓