## UNIVERSAL LAB, INC.®

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CONTACT ME REGARDING CASE ADDRESS
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		CONTACT ME REGARDING CASE ADDRESS CHANGE	
CUSTOMER	CASE INFORMATION		
Patient Name:  First Name  Last Name		<ul> <li>□ Appliance w/ Refill Kit includes:         <ul> <li>Appliance</li> <li>4 Implant Screws</li> <li>1 Long Activation Key w/ Leash</li> <li>1 Short Activation Key w/ Leash</li> <li>Bands (billed separately)</li> </ul> </li> <li>□ Appliance w/ Starter Kit includes:</li> </ul>	
Date of Birth://	Gender: ☐ Male ☐ Female	- Appliance - 4 Implant Screws	
Account Number:  Dr./Office Name:		- 1 Long Activation Key w/ Leash - 1 Short Activation Key w/ Leash - 1 Ratchet Wrench Driver - 1 Mini Handle Driver - 1 Short Engine Blade	
Office Address:		- Bands (billed separately)  For additional product, visit usortho.com.	
Phone:  Email:  Date Sent: / /  Please allow 7 to 10 business days.  Due Date: / /		3 DE FG 3 4 DE FG 7 RIGHT 7 LEFT	
Should be at least 1 day before appointment date.		1. Type of Expander  ☐ MSE Type-2	
DR. NOTES (ADDI	TIONAL COMMENT)	2. Expander Size    8mm	
LAB USE ONLY			
SHIP DATE	QR CODE	RECEIVED DATE	