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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: _____

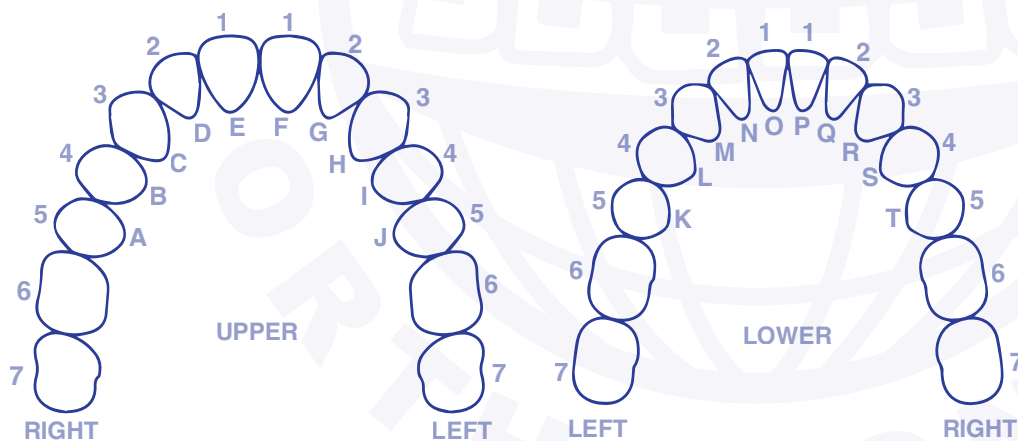
[illegible]

☐ **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:**

 -     Standard Hawley
 -   Ball Clasp
 -   "C" Clasp
 -   Adams Clasp
 -   Circumferential Hawley
 -   Hawley w/Flat Bow
 -   Circumferential w/Flat Bow
 -   Essixs
 -   RPE
 -   Add pontics _____
 -   Standard Bands
 -   Laser Sintered Bands

DR. NOTES (Additional Instruction)

RMA#: _____

LAB USE ONLY

SHIP DATEQR CODE

RECEIVED DATE

