



UNIVERSAL ORTHODONTIC LAB., INC.®

11917 Front St. Norwalk, CA 90650
Office: 562.484.0500 | Fax: 562.484.3633 | uniortholab.com



Doctor/Office Name: _____

Address: _____ **DR. LIC#:** _____

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

E-Mail: _____ **Chart#:** _____ **Acct#:** _____

Patient's First Name																				
	Last Name																			

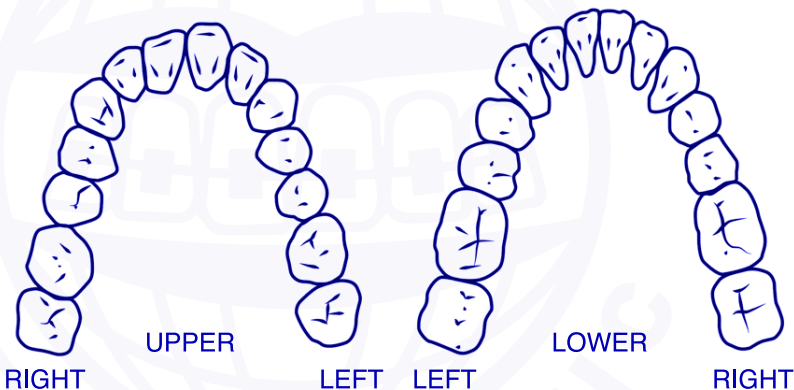
Normal Rush

Date Sent: ____/____/____
For a normal case, please allow 7 business days.

Due Date: ____/____/____
For a rush case, additional fee will be applied.

WE NEED:

- Mailing Labels
- Shipping Boxes
- Rx Sheets



↑ ↓ INSTRUCTIONS:

- Standard Hawley Retainer
- Ball Clasp
- "C" Clasp
- Adams Clasp
- Circumferential Hawley Retainer
- Hawley with Flat Bow Retainer
- Circumferential with Flat Bow Retainer
- Pouring (Note: a fee will apply)
- Add Pontics _____
- Add Bands _____
- Add Colors _____

LAB USE ONLY

CASES SENT

Normal/Rush

Case Number

Q.C BY:

↑ ↓

U | L | B