



UNIVERSAL ORTHODONTIC LAB., INC.

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1003389

Doctor/Office Name: TRI-VALLEY ORTHODONTICS

Address: 111 DEERWOOD RD. #185 **DR. LIC#:**

City: SAN RAMON **State:** CA **Zip:** 94583 **Phone:**

E-Mail: 925-272-7868 **Chart#:** **Acct#:**

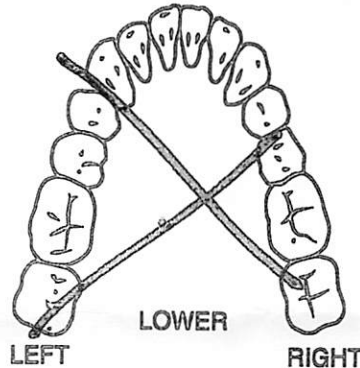
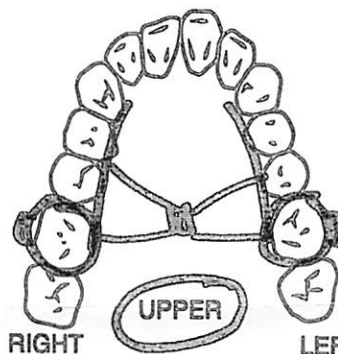
Patient's First Name: GREGORY **Last Name:** KATAYAMA

☒ Normal ☐ Rush **Date Sent:** / / **Due Date:** / /

For a normal case, please allow 7 business days. For a rush case, additional fee will be applied.

WE NEED:

- ☐ Mailing Labels
- ☐ Shipping Boxes
- ☐ Rx Sheets



↑ ↓ **INSTRUCTIONS:**

<input type="checkbox"/>	Standard Hawley Retainer
<input type="checkbox"/>	Ball Clasp
<input type="checkbox"/>	"C" Clasp
<input type="checkbox"/>	Adams Clasp
<input type="checkbox"/>	Circumferential Hawley Retainer
<input type="checkbox"/>	Hawley with Flat Bow Retainer
<input type="checkbox"/>	Circumferential with Flat Bow Retainer
<input type="checkbox"/>	Pouring (Note: a fee will apply)
<input type="checkbox"/>	Add Pontics _____
<input type="checkbox"/>	Add Bands _____
<input type="checkbox"/>	Add Colors _____

↑ RPE

Please fit bands
Use 12mm screw

CASES SENT		LAB USE ONLY	
Q.C BY:	Normal/Rush	Case Number	
		↑	↓