



UNIVERSAL ORTHODONTIC LAB., INC.

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



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

CAROLINE

Last
Name

KIM

☒ Normal ☐ Rush

Date Sent: **04 / 25 / 25**

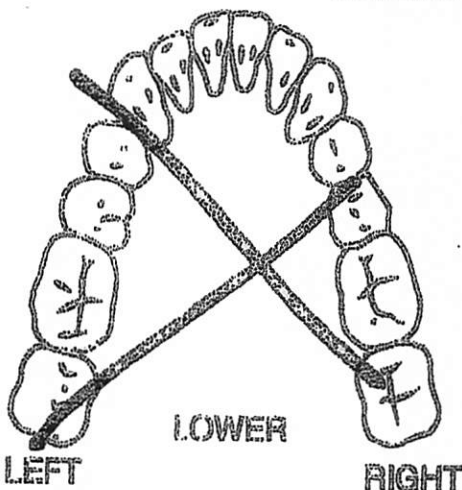
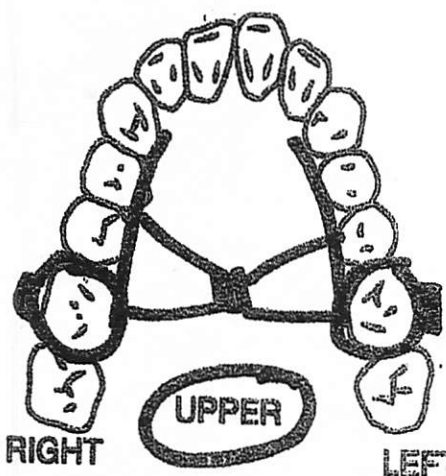
For a normal case, please allow 7 business days.

Due Date: **05 / 06 / 25**

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 _____

↑ TRPE

Please fit bands
Use 12mm screw

COPIES SENT

I.C BY:

LAB USE ONLY

Normal/Rush

Case Number

↑ ↓

OVERLINE

KIM

CH 26 27

02 00 22