



UNIVERSAL ORTHODONTIC LAB., INC.®

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[Handwritten signature]

Doctor/Office Name: JESSE KO/ TRI-VALLEY ORTHODONTICS

Address: 111 DEERWOOD ROAD # 185

DR. LIC#: _____

City: SAN RAMON

State: CA

Zip: 94583

Phone: 925-272-7868

E-Mail: ADMIN@TRI-ORTHO.COM

Chart#: _____ **Acct#:** _____

**Patient's
First
Name**

Adyson

**Last
Name**

Chatto

☒ Normal ☐ Rush

Date Sent: 07 / 03 / 24

Due Date: 07 / 16 / 24

For a normal case, please allow 7 business days.

For a rush case, additional fee will be applied.

For 3D Cases Only:

File Name: _____

Sent Via: ☒ Univ. RX

☐ iTero

☐ 3M

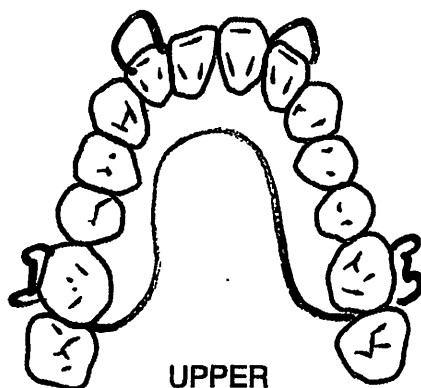
☐ 3 Shape

☐ EasyRx

☐ Carestream

WE NEED:

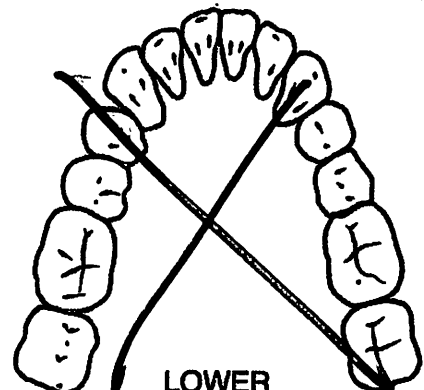
- ☒ Mailing Labels
- ☒ Shipping Boxes
- ☒ Rx Sheets



RIGHT

UPPER

LEFT LEFT



LOWER

RIGHT

↑ ↓ 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 Pink

Notes:

CASES SENT

Q.C BY:

Normal/Rush

Case Number



4

Ottimo

no 255A

di FO di FO di FO



fine