



UNIVERSAL ORTHODONTIC LAB, INC.

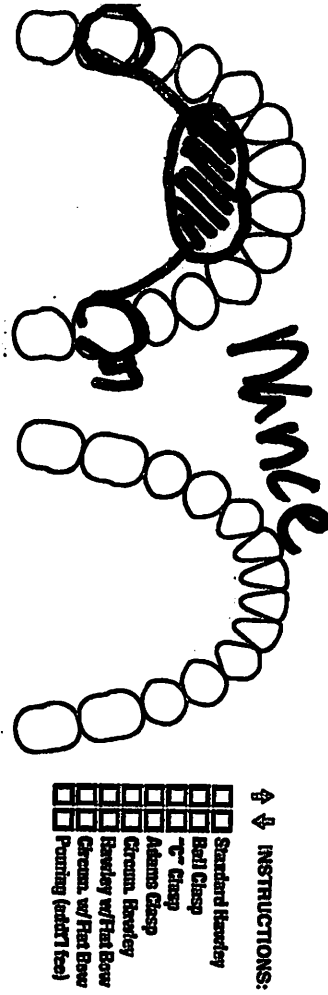
11917 Front St. Norwalk, CA 90650
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☐ CONTACT ME REGARDING CASE ☐ ADDRESS CHANGE
☐ MORE LABS/PS ☐ NEW ACCOUNT

Practice Name: Tri-Village Orthodontics Acct#: _____
Ship to: 111 Quince Orchard Rd STE 115
City: San Ramon State: CA Zip: 94583 Phone: (915) 222-7865
E-Mail: info@tri-ortho.com

patient first name: Justin Last Name: Ulm

☒ Normal ☐ Rush Date Sent: 8/30/24 Due Date: 9/17/24
For a normal case, please allow 7 business days. *Should be at least 1 day before appointment date.



- ⬆ ⬆ INSTRUCTIONS:
- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Standard Bandley |
| <input type="checkbox"/> | Ball Clasp |
| <input type="checkbox"/> | T-Clasp |
| <input type="checkbox"/> | Adams Clasp |
| <input type="checkbox"/> | Circum. Bandley |
| <input type="checkbox"/> | Bandley w/ First Bow |
| <input type="checkbox"/> | Circum. w/ First Bow |
| <input type="checkbox"/> | Pinning (add'l fee) |

LAB USE ONLY

ACRYLIC COLORS/DESIGNS		✓	any
Neon	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Gitter	FM20-3	<input type="checkbox"/>	<input type="checkbox"/>
Solid or Clear Color	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Decals/Name	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
CLASPS/AUXILIARIES			
C-Clasps (Small)	FM22-0	<input type="checkbox"/>	<input type="checkbox"/>
C-Clasps (Large)	FM25-0	<input type="checkbox"/>	<input type="checkbox"/>
Ball Clasps	FM24-0	<input type="checkbox"/>	<input type="checkbox"/>
Arrow/Triangle	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Adams	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Delta	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Crozet	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliaries	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
SPRINGS			
2-Spring	FM24-0	<input type="checkbox"/>	<input type="checkbox"/>
Eyelet	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Disal	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Double Helix	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Soldered Cleat	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping Arm Spring	FM24-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
HOOKS			
Facemask Hooks	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Small Hooks	FM25-0	<input type="checkbox"/>	<input type="checkbox"/>
Long Hooks	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Extended Arm	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Halterman Hook	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
BANDS/CROWNS			
Plain Band	FM22-0	<input type="checkbox"/>	<input type="checkbox"/>
Band + Buccal Tube	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Band + Bracket	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Crown	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS		✓	any
Reset Teeth	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Pontic	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Metal Button	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
U-Loops	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
TAD Aux.	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Pour Imp.	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
PARTS			
Shims/Spacers	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
MARA Elbow	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Telescopic Arms	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Metal Brackets	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic Brackets	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
ACRYLICS			
Anterior Bite Plate	FM24-0	<input type="checkbox"/>	<input type="checkbox"/>
Posterior Bite Plate (Pair)	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Labial Acrylic	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Ramp/Retractor	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic Button	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Cover Plate	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
NTI	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Anterior Guidance	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Canine Guidance	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
SCREWS			
Regular Screw	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Compact Screw	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Fan Type	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Removable Screw	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Memory Screw	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Super Screw	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
HABITS			
Tongue Crib	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Tongue Toy	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Bluegrass	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Thumb Sucking	FM20-0	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>

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