



UNIVERSAL ORTHODONTIC LAB., INC.

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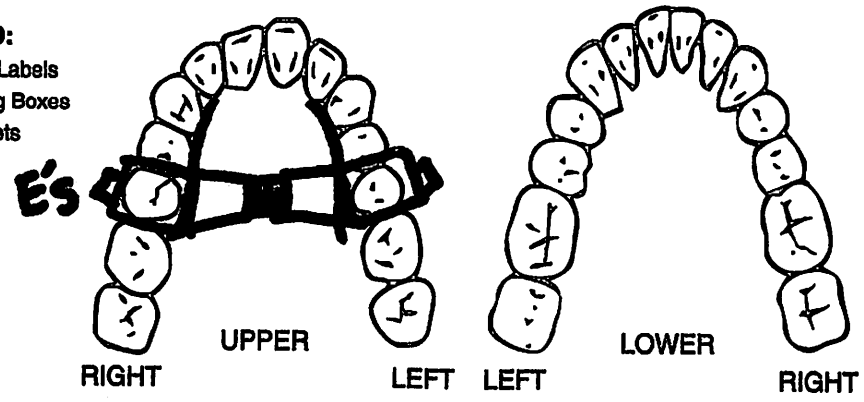
Doctor/Office Name: KO/yeon
Address: 111 Deerwood Rd #185
City: San Ramon State: CA Zip: 94583 E-Mail: _____
Phone: (925) 212-7868 Chart#: _____ Acct#: _____

Patient's First Name: AMARTYA Last Name: YELAMANTI

☐ Normal ☐ Rush Date Sent: 09/06/24 Due Date: 09/17/24
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:
- ☐ 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 _____

↑ RPE

Please use RM Screw

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