



UNIVERSAL ORTHODONTIC LAB., INC.

11617 Front St. Norwalk, CA 90650

Office: 562.484.0500 | Fax: 562.484.8838 | Email: info@uni-ortho.com

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

Address: 111 DEERWOOD ROAD # 185

City: SAN RAMON

State: CA

Zip: 94583

DR. LIC#: _____

Phone: 925-272-7868

E-Mail: ADMIN@TRI-ORTHO.COM

Chart#: _____

Acct#: _____

Patient's
First Name

MYRA

Last Name

CHOKSHI

☒ Normal ☐ Rush

Date Sent: 10 / 18 / 24

For a normal case, please allow 7 business days.

Due Date: 10 / 29 / 24

For a rush case, additional fee will be applied.

For 3D Cases Only:

File Name: _____

Sent Via: ☒ Univ. RX

☐ Itore

☐ SM

☐ 3 Shape

☐ EasyRx

☐ Carestream

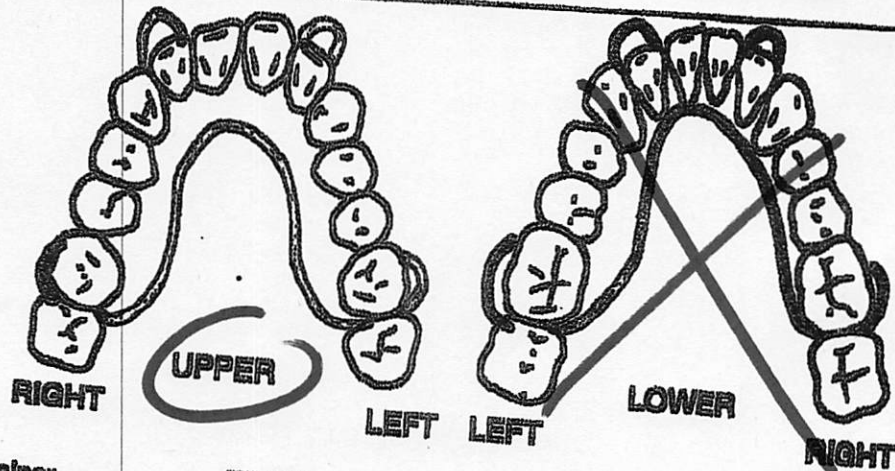
WE NEED:

☒ Mailing Labels

☒ Shipping Boxes

☒ Rx Shells

*Phase 1 Hawley
C clasp*



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 CL-AQUA

Printed: _____

CASES SENT

Q.C BY: _____

Normal/Rush

LAB USE ONLY

Case Number



1421042

427M

YE 2 01 12 21 01

11:23-12