



UNIVERSAL ORTHODONTIC LAB., INC.®

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

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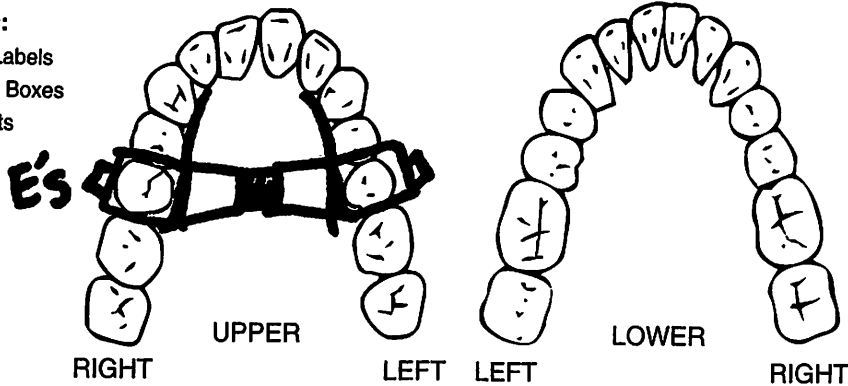
Doctor/Office Name: KO/youn
Address: 111 Deerwood Rd #185
City: San Ramon State: CA Zip: 94583 E-Mail: _____
Phone: (925) 212-7868 Chart#: _____ Acct#: _____

Patient's First Name: Everett Last Name: Braga

☐ Normal ☐ Rush Date Sent: _____ Due Date: 11/22/2022
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 Fit Bands

Use 12mm Screw

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

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