



# UNIVERSAL ORTHODONTIC LAB., INC.

11917 Front St. Norwalk, CA 90650  
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1003389

*Handwritten signature*

Doctor/Office Name: TRI-VALLEY ORTHODONTICS

Address: 111 DEERWOOD RD. #185

DR. LIC#: \_\_\_\_\_

City: SAN RAMON

State: CA

Zip: 94583

Phone: \_\_\_\_\_

E-Mail: 925-272-7868

Chart#: \_\_\_\_\_

Acct#: \_\_\_\_\_

Patient's  
First  
Name

ALICIA

Last  
Name

PAK

☒ Normal

☐ Rush

Date  
Sent: 11/24/21

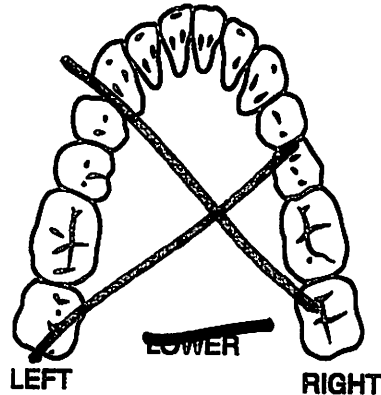
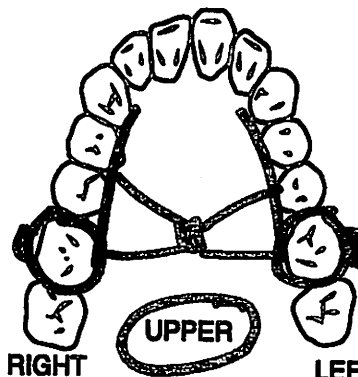
For a normal case, please allow 7 business days.

Due  
Date: 12/14/21

For a rush case, additional fee will be applied.

## WE NEED:

- ☐ Mailing Labels
- ☐ Shipping Boxes
- ☐ Rx Sheets



## INSTRUCTIONS:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Standard Hawley Retainer               |
| <input type="checkbox"/> | Ball Clasp                             |
| <input type="checkbox"/> | "C" Clasp                              |
| <input type="checkbox"/> | Adams Clasp                            |
| <input type="checkbox"/> | Circumferential Hawley Retainer        |
| <input type="checkbox"/> | Hawley with Flat Bow Retainer          |
| <input type="checkbox"/> | Circumferential with Flat Bow Retainer |
| <input type="checkbox"/> | Pouring (Note: a fee will apply)       |
| <input type="checkbox"/> | Add Pontics _____                      |
| <input type="checkbox"/> | Add Bands _____                        |
| <input type="checkbox"/> | Add Colors _____                       |

**↑RPE**

*Please fit bands  
Use 12mm screw*

## CASES SENT

Q.C BY:

Normal/Rush

Case Number



449  
ACCA  
15 11 51 15 18 11