



# UNIVERSAL ORTHODONTIC LAB., INC.®

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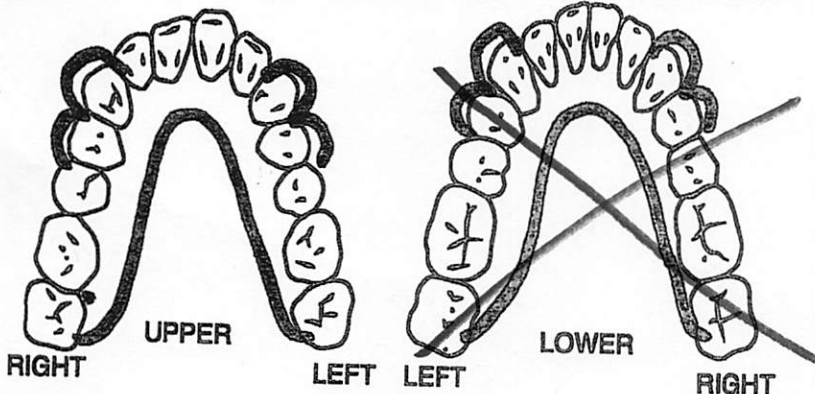
Doctor/Office Name: TRI-VALLEY ORTHODONTICS  
Address: 111 DEERWOOD RD. #185 DR. LIC#: \_\_\_\_\_  
City: SAN RAMON State: CA Zip: 94583 Phone: \_\_\_\_\_  
E-Mail: 925-272-7868 Chart#: \_\_\_\_\_ Acct#: \_\_\_\_\_

Patient's  
First Name JANELLE Last Name CHUN

☐ Normal ☐ Rush Date Sent: 04 / 19 / 23 Due Date: 05 / 02 / 23  
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 \_\_\_\_\_

LAB USE ONLY	
CASES SENT	Case Number
C BY:	