



UNIVERSAL ORTHODONTIC LAB., INC.®

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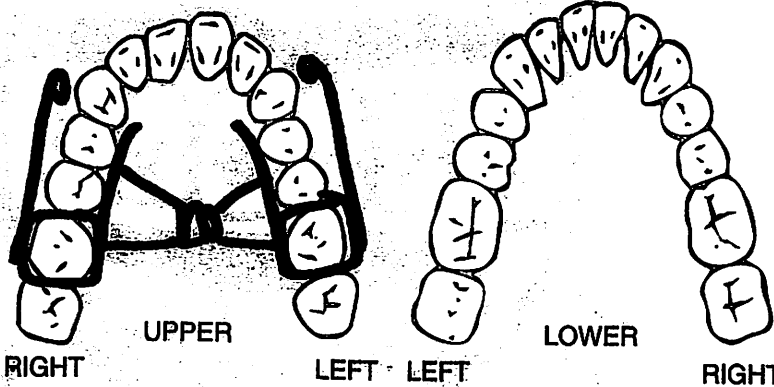
Doctor/Office Name: KO/yeon
Address: 111 Deerwood rd #185
City: San Ramon State: CA Zip: 94583 E-Mail: _____
Phone: (925) 272-7868 Chart#: _____ Acct#: _____

Patient's First Name: BENNY Last Name: NU

☐ Normal ☐ Rush Date Sent: 5/29/23 Due Date: 6/16/23
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:

- ☐ U L Standard Hawley Retainer
- ☐ U L Ball Clasp
- ☐ U L "C" Clasp
- ☐ U L Adams Clasp
- ☐ U L Circumferential Hawley Retainer
- ☐ U L Hawley with Flat Bow Retainer
- ☐ U L Circumferential with Flat Bow Retainer
- ☐ U L Pouring (Note: a fee will apply)
- ☐ U L Add Pontics _____
- ☐ U L Add Bands _____
- ☐ U L Add Colors _____

↑ RPZ + Facemask Hooks

LAB USE ONLY	
CASES SENT	Case Number
Q.C BY:	↑ ↓
U L L B	

17

on

BEWY

2000

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