



UNIVERSAL ORTHODONTIC LAB., INC.®

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

Address: 111 DEERWOOD ROAD # 185

DR. LIC#: _____

City: SAN RAMON

State: CA

Zip: 94583

Phone: 925-272-7868

E-Mail: ADMIN@TRI-ORTHO.COM

Chart#: _____

Acct#: _____

Patient's
First Name

PAULINA

Last Name

BRISEÑO

☒ Normal ☐ Rush

Date Sent: 08 / 31 / 23

Due Date: 09 / 12 / 23

For a normal case, please allow 7 business days.

For a rush case, additional fee will be applied.

For 3D Cases Only:

File Name: _____

Sent Via: ☒ Univ. RX

☐ iTero

☐ 3M

☐ 3 Shape

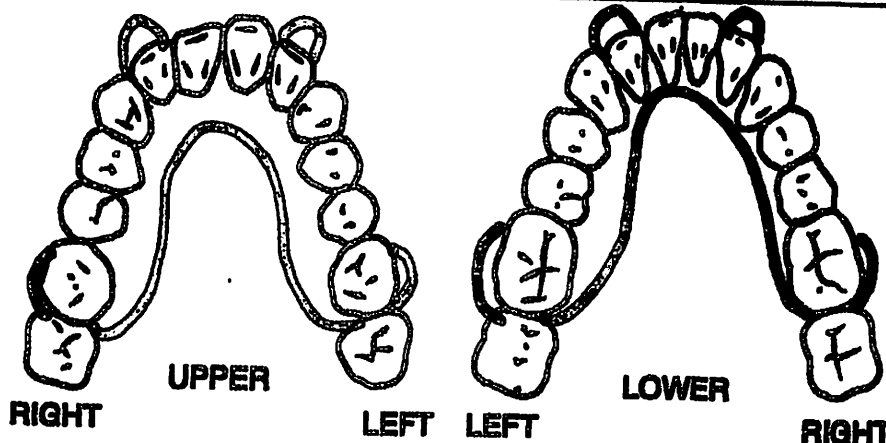
☐ Easyfix

☐ Carestream

WE NEED:

- ☒ Mailing Labels
- ☒ Shipping Boxes
- ☒ Rx Sheets

*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-BLUE

Notes:

CASES SENT

LAB USE ONLY

Q.C BY:

Normal/Rush

Case Number



0432193

AM 1 JAN 9

86 2 10 22 18 50

8103-1