



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

JOYCE

Last
Name

Suhy

☒ Normal ☐ Rush

Date
Sent:

9 / 1 / 21

Due
Date:

9 / 21 / 21

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

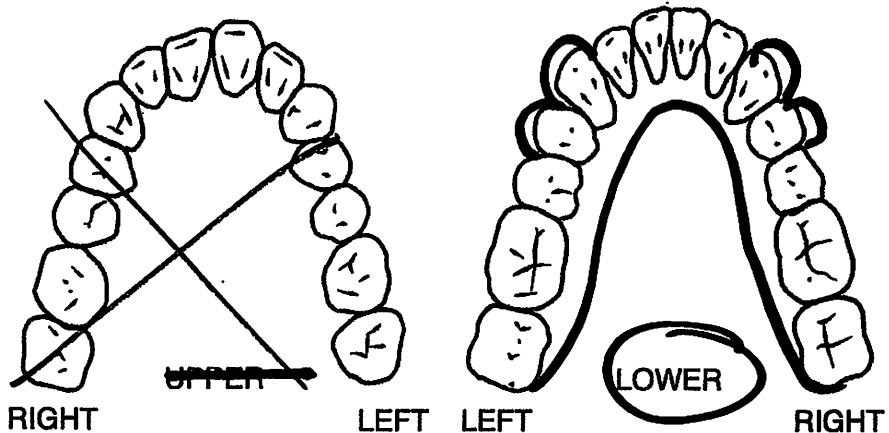
☐ 3 Shape

☐ EasyRx

☐ Carestream

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 _____

CL - pink (natural)

NOTE:

CASES SENT

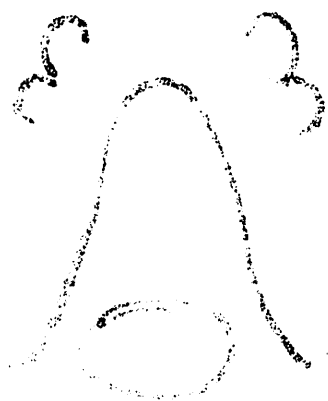
Q.C BY:

Normal/Rush

Case Number



12 12 P 12 1 P 90401 X



(bent) 1219-32