



**UNIVERSAL ORTHODONTIC LAB, INC.®**

## Return Authorization Form

**Warranty:** Universal Orthodontic Lab is only responsible for the custom fabrication of orthodontic appliances in accordance with instructions, specifications, and accurate impressions, models, or digital scans. We can only guarantee that our appliances fit the working models that our technicians used to fabricate the appliance. We do not provide warranties on appliances made from impressions, models or digital scans that are older than 90 days from original ship date of appliance.

Please complete form and fax to : 562-484-3633

Account Name: Jesse Ko / Tri-Valley Orthodontics Account No.: 61538

Patient Name: Renee Kim  
(First) (Last)

Street: 111 Deerwood Rd. STE #185

City: San Ramon State: CA Zip: 94583

Original Ship Date: 06 / 15 / 2023 Original Case Code: RK08023735

Reason for: ☐ Repair ☒ Remake

Upper Phase I C clasp Hawley not fitting well. Not retentive.

Main Contact Name: Dr. Jesse Ko  
(First) (Last)

Contact Phone No.: (925) 272-7868

Contact Email.: trivalleyorthoii@gmail.com

### Lab Use Only

Authorization No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Proof of Original Case: ☐ Yes ☐ No

Initial Check: \_\_\_\_\_

☐ Approved ☐ Denied

Technician Notes: \_\_\_\_\_

Q.C by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_