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Introducing: _____ Age: _____
First Name Last Name

Phone number: _____

Referred by: _____

Appointment Day: _____ Time _____

X-Rays: Mail/e-mailed Sent with patient None taken

- Class II
- Class III
- Crowding
- Spacing
- Crossbite
- Openbite
- Excessive Overbite
- Early Treatment
- Missing Teeth
- Impacted Teeth
- Pre-Prosthetic Orthodontics
- Periodontal Involvement
- Orthognathic Surgery
- Adult Orthodontics
- Lingual Orthodontics
- Invisalign

Specific Concerns, Goals & Outstanding Restorative Treatment: