CURTIS ORTHO

Introducing: _____

Phone: _____

DOB: _____

☐ I request an Orthodontic Evaluation for this patient.

☐ Specific area of concern/comments:

_____

_____

_____

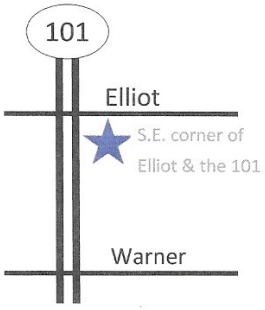
_____

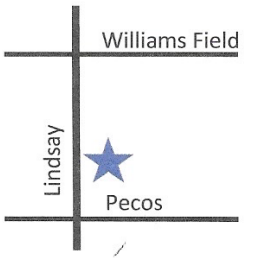
☐ emailed pano ☐ sent pano with patient

Referred by Dr. _____

Phone: _____

CURTIS ORTHO





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American Association of Orthodontists