

Dr. _____
would like to introduce the following patient for an orthodontic consultation.

PLEASE PRINT

Introducing:

_____ Date of Birth: _____

Address: _____

Telephone:Residence: _____ Business: _____

Responsible Party: _____

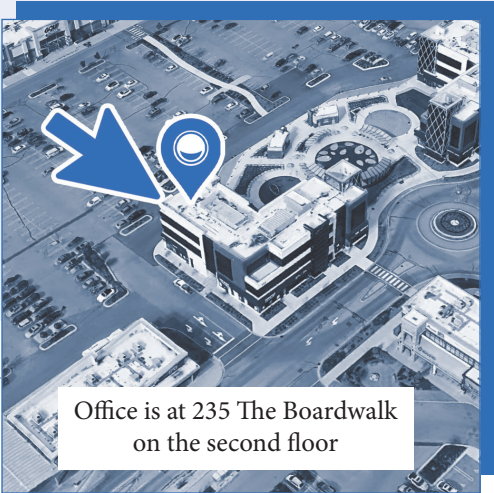
Please see this patient regarding:

Radiographs: ☐ Are enclosed ☐ Are with patient ☐ Are mailed separately ☐ E-mailed

☐ Appointment made: _____

- ☐ Please call this patient to set up the appointment.
- ☐ This patient will call your office to set up the appointment.
- ☐ Patient status: ☐ Urgent ☐ Not urgent
- ☐ More referral slips needed

Comments: _____



(No charge for initial examination)

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