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Introducing: ______________________________ Today's Date: ____________

Phone #: ____________________ Gender: M: ☐ F: ☐ Date of Birth: ____________

Parent or Responsible Party: ______________________________

Referring Dentist: ______________________________

Last Prophy/Exam Date: ______________________________

Last Pano Date (Email if within 12 months): ______________________________

Pending treatment: ______________________________

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Patient Is Being Referred For: (check one)

- ☐ Comprehensive Orthodontic Treatment
- ☐ Interceptive Orthodontic Treatment
- ☐ Monitor Growth and Development

Specific Concerns: ______________________________

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Please call **541-716-5032** to schedule your complimentary comprehensive evaluation or visit our website at **straightlinebraces.com** to schedule online.

straightlinebraces.com