



## COMPLIMENTARY ORTHODONTIC CONSULTATION

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

Introducing: \_\_\_\_\_

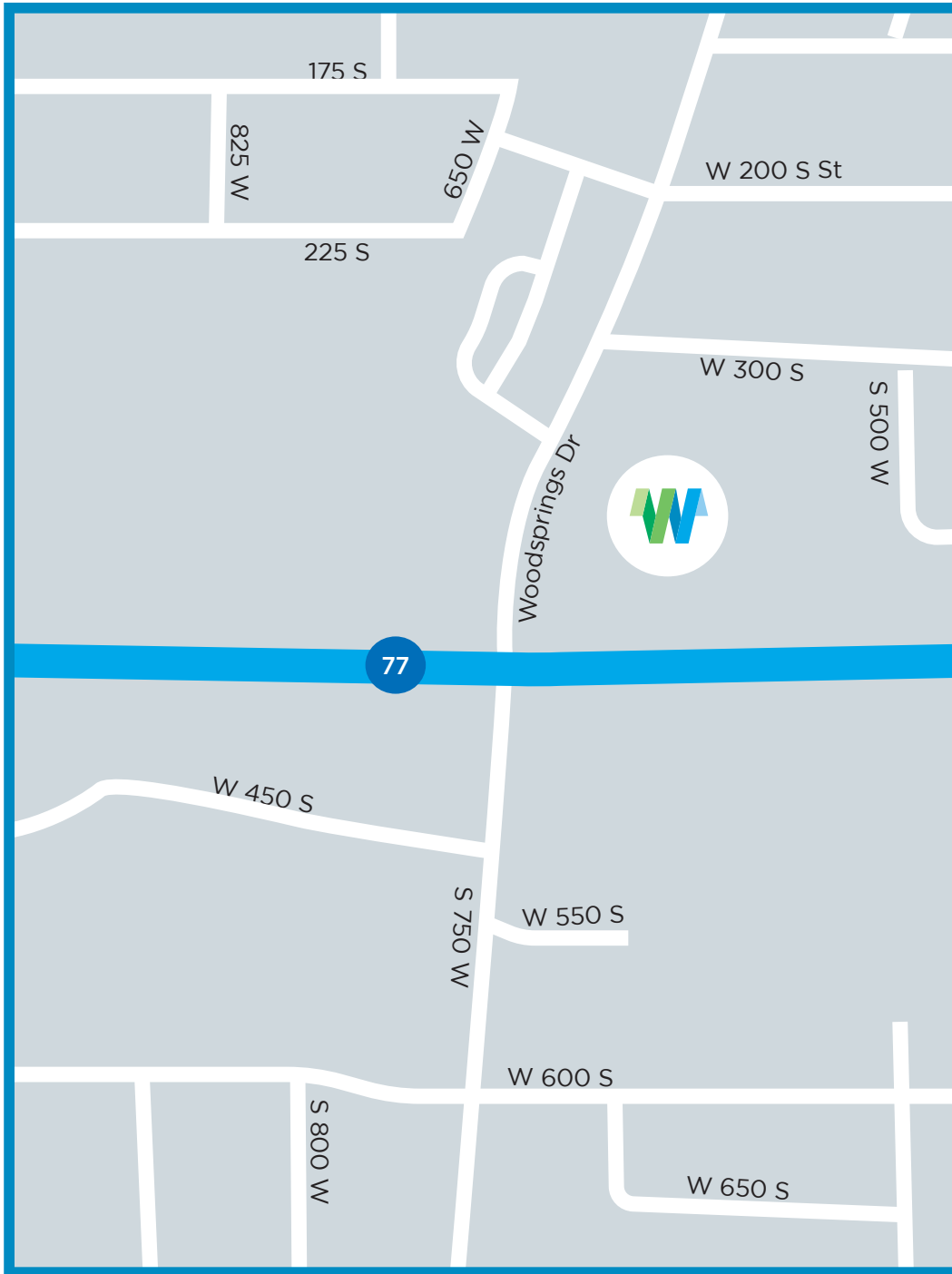
Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

### PLEASE CHECK ALL THAT APPLY:

- General Orthodontic Evaluation
- Early Intervention/Phase 1 Treatment
- Invisalign® or Invisalign® Teen
- Skeletal Discrepancy (Class II/Class III)
- Crowding
- Pre-Restorative Ortho
- Impactions
- Crossbite
- Open Bite
- Thumb Habit, Tongue Thrust

### COMMENTS:



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