

PHELPS & COHEN ORTHODONTICS

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(408) 224-1184

Date: _____

Referred by Dr.: _____

Introducing My Patient _____ D.O.B. _____

Pt. Contact Info _____

Date of Last Cleaning _____

Date of Last Exam _____

- ☐ All necessary pre-orthodontic work is complete. It is permissible to begin treatment.
Pending dental work is complete.
- ☐ The following dental work needs to be completed prior to starting orthodontics:

- ☐ Please Evaluate for Early or Interceptive Treatment
- ☐ Please Evaluate for Full Orthodontics
- ☐ Other

Remarks _____

- ☐ Please Call Me Before Proceeding with Treatment
- ☐ I Have Sent Radiographs for Your Evaluation



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yelp



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