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Introducing _____ Phone _____ DOB _____

Areas of concern for orthodontic evaluation:

- Crowding
- Overbite
- Overjet
- Spacing
- Molar Uprighting
- Impacted Teeth
- Space Maintenance
- TMJ concerns
- Other _____
- Digital Images attached
- No Images available

Comments:

From the practice of Dr. _____

Date _____

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