Blossom Kare Orthodontics

Bao Khanh Nguyen, DDS, MSD

Specialist in Orthodontics for Adults and Children

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Introducing: _____ Age: _____

Guardian's Name if patient is a minor: _____

Date Referred: _____ Patient Phone: _____

Our Concerns:

____ Crowded teeth

____ Impacted teeth

____ Spaced teeth

____ Protruded teeth

____ Overbite

____ Underbite

____ Pre-restorative Orthodontics Treatment

____ Narrow jaws

____ Open bite

____ Deep bite

____ Cross bite

____ Missing teeth

____ Facial growth problems

____ Other:

Referring Dentist's Instructions or Comments:

X-ray available: (Please circle)

Panoramic Film

Full-Mouth X-Ray

Any Other Films:

X-Ray Date:

_____

_____

_____

Referred by Dr. _____ Dr.'s Phone: _____