

VU Orthodontics

Creating Beautiful Smiles Through the Arts & Sciences of Orthodontics

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Patient shall return to the referring doctor.

Date: _____

Patient: _____ Age: _____ Tel: _____

Referring Dr. _____ Tel: _____

Address: _____

Date of last dental check up: _____

Chief complaint: _____

Referral purpose(s):

- Crowding
- Impacted
- Overbite
- Overjet
- Open Bite
- Crossbite
- Uprighting
- Closing Space
- Creating Space
- Intruding
- Extruding
- CBCT (Cone Beam Computed Tomography)
- panoramic radiograph
- Wisdom-Tooth Extraction, w/ Dentin Graft
- Bone Graft
- Free-Gingival Graft
- Osseous Surgery
- Implant Placement
- Sinus Lift
- Other _____

Dental procedure(s) to be completed: _____

Comments/instructions: _____

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