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Show the world your smile.

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### Children/Adolescents

- Orthodontic assessment
- Braces: full or partial treatments
- Interceptive/preventive orthodontics
- Clear aligners

### Adults

- Orthodontic assessment
- Braces: full or partial treatments
- Orthodontics combined with surgery
- Clear aligners
- Pre-prosthetic orthodontics
- Other

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Panoramic/FMS taken within last 6 months?  Yes  No

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

Notes: \_\_\_\_\_

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