



ORTHODONTICS, PERIODONTICS + IMPLANTS

Please visit www.greaterhoustondentist.com to contact us or call **713-417-3327** to schedule your appointment.

Please bring this form to your appointment.

Name:

Phone:

Date:

Areas of Concern:

This patient is being referred for:

- Orthodontic Evaluation
- Periodontal Evaluation
- Pre-Prosthetic Alignment
- Implant Consultation

Radiographs:

- Take X-Rays: CBCT FMX PANORAMIC LAT CEPH
- Accompanying Patient Mailed to Office Emailed to Office

Treatment Already Completed:

Tentative Restorative Plan:

Notes:

Please call me prior to starting treatment

Referring Doctor:

Office:

Phone:

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