

Aurora Patino DDS Orthodontist

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Today's Date _____ Referred by _____

Patient's Name _____ Age _____ Sex _____

Parents' Name _____

Address _____

Phone _____ Email _____

Primary Concerns _____

- Crowding
- Open Bite
- Deep Bite
- Cross Bite
- Class II
- Class III
- Abnormal Habit
- Other

Panorex/Full Mouth

- None
- Emailed
- Mailed
- Released to Patient

Restorative Treatment

- Complete
- Incomplete
- Projected Completion: _____

Comments/Additional Concerns _____

