

# introducing



introducing: \_\_\_\_\_

date: \_\_\_\_\_ age: \_\_\_\_\_

phone: h \_\_\_\_\_ w \_\_\_\_\_

referred by: \_\_\_\_\_

please evaluate: )))

**arch length**

- crowding
- spacing

**crossbite**

- anterior
- posterior

**dental concerns**

- missing or extra teeth
- delayed eruption
- small or large teeth
- impaction

**occlusion**

- deep bite
- open bite
- overjet
- excessive wear
- traumatic occlusion

xrays:  included  will mail | e mail  please take

please call me to discuss the care of my patient.

comments: )))

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