



SILVER LAKE ORTHODONTICS

DATE _____

INTRODUCING _____ DOB _____

REFERRED BY _____

OBSERVATIONS _____

PATIENT WILL CALL YOU _____

PLEASE CONTACT PATIENT - PHONE: _____ EMAIL: _____

- CROWDING
- SPACING
- CLASS II
- CLASS III
- OVERJET
- CROSSBITE
- DEEP BITE
- OPEN BITE
- IMPACTED TEETH
- MISSING TEETH

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