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PANA
ORTHODONTICS

Patients Name_____Telephone:_____

Appointment Date:_____/_____/_____ Time: _____ Date:_____

___ Over-Bite	___ Crossbite	___ Facial Orthopedics
___ Open- Bite	___ Crowding	___ Orthognathic Surgery
___ Thumb-Sucking	___ Space Deficiency	___ TMJ Pain | Dysfuncation
___ Tongue Thrusting	___ Space Maintenance	___ Restorative | Prosthetics
___ Protusion	___ Impaction(s)_____	Other_____
___ Diastema	___ Congenitally Missing Teeth	_____

Remarks:_____

_____

Referred by Doctor:_____Telephone:_____

Specializing In:
Dentofacial Orthopedics & Orthodontics
USC Dental School, USC Orthodontics

Member:
American association of Orthodontics
American Dental Association
California Dental Association
Orange County Dental Society
California Orthodontic Association
Pacific Coast Social of Orthodontics