Imperial Dental Group

137 S. Las Posas Rd. Ste 250
San Marcos, CA 92078
Phone: (760) 282-3181
Email:officemanager@imperialdentalgroup.com

Orthodontic

☐ Must bring Referral
☐ Minor must be accompanied by parent or legal guardian

Patient Name:_____

Home Phone:_____ Work Phone:_____

Email:_____

Referring Office / Doctor:_____

Phone:_____

Appointment Date:_____ Time:_____

Patient concern:_____

Refferred For:_____

- ❑ Crowding
- ❑ OpenBite
- ❑ OverBite
- ❑ Deep OverBite
- ❑ CrossBite
- ❑ Facial Growth Problems
- ❑ Forced Eruption for Crown or Bridge
- ❑ Missing Teeth
- ❑ Overjet
- ❑ Impacted Tooth
- ❑ Spacing
- ❑ Inadequate “Jaw” Relationship
- ❑ Other

Comments:_____

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If for any reason you cannot make this appointment, Please let us know at least 48 hours in advance