

# REFERRAL



**I. John Bayrakdarian, DMD**  
Orthodontist

uniqueortho.com

- FRESNO OFFICE**  
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- OLD TOWN CLOVIS OFFICE**  
451 CLOVIS AVE., suite 105  
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- NEAR BUCHANAN OFFICE**  
427 W. NEES AVE.  
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tel ▶ 559 297-2121  
fax ▶ 559 322-1306

REFERRING DOCTOR/OFFICE \_\_\_\_\_ DATE OF REFERRAL \_\_\_\_\_  
 \_\_\_\_\_

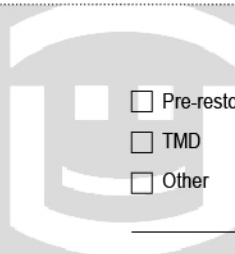
REFERRING DOCTOR'S ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

PATIENT NAME \_\_\_\_\_  
 \_\_\_\_\_

PATIENT'S/PARENT'S/GUARDIAN'S TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 \_\_\_\_\_

**EVALUATION FOR:**

- Crowding
- Early (phase 1) treatment
- Orthodontic consultation
- Pre-restorative treatment
- TMD
- Other \_\_\_\_\_



**DOCTOR'S COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

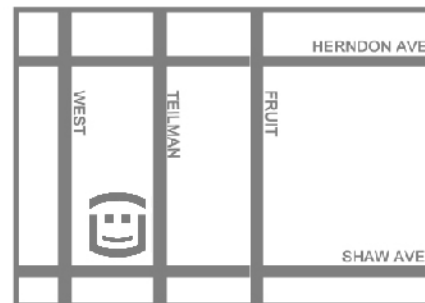
SIGNATURE \_\_\_\_\_

WHITE - Doctor    YELLOW - Patient    PINK - Chart



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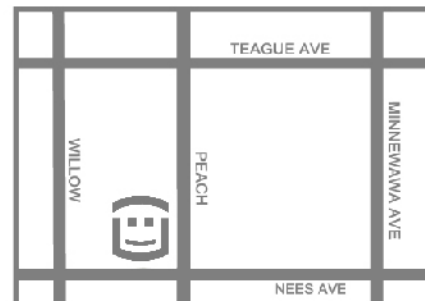
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