

REFERRAL



I. John Bayrakdarian, DMD
Orthodontist

uniqueortho.com

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1450 E. PROSPERITY AVE., suite 101
TULARE, CALIFORNIA 93274
tel ▶ 559 377-4000
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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:

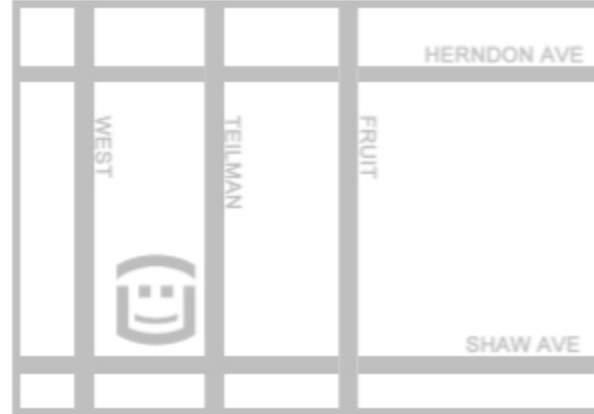
SIGNATURE _____

WHITE - Doctor YELLOW - Patient PINK - Chart



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