

Drs. Levy, DeMarco and Tilkin

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Patient's Name: _____

Referred for:

- Child interceptive orthodontic examination
- Adolescent complete orthodontic examination
- Adult complete orthodontic examination
- Pre-prosthetic therapy

Patient **does / does not** have recent full series or panorex (please send with the patient).

Remarks:

Your Dentist has recommended that you seek an orthodontic evaluation at our office. Please call and we will be happy to arrange an appointment for you. We look forward to meeting you and presenting what Orthodontics can do for you!

*There is no fee for the initial examination, recall visits, or serial guidance for children under the age of 18. There is an \$85 exam fee for adults that will be applied towards orthodontic treatment.

(See map on reverse side for directions)

Dr.: _____

Date: _____

