

# LAGRANGE

## FAMILY DENTISTRY

Family | Orthodontics | Cosmetic | Implant

---

**Dr. Sireen Yang, DDS, MS**

*Orthodontist*

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Reason for Referral:

- Early/Interceptive Ortho Treatment Evaluation
- Comprehensive Ortho Treatment Evaluation
- Other Orthodontic Treatment

Comments:

---

---

---

---

# LAGRANGE

## FAMILY DENTISTRY

Family | Orthodontics | Cosmetic | Implant

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_

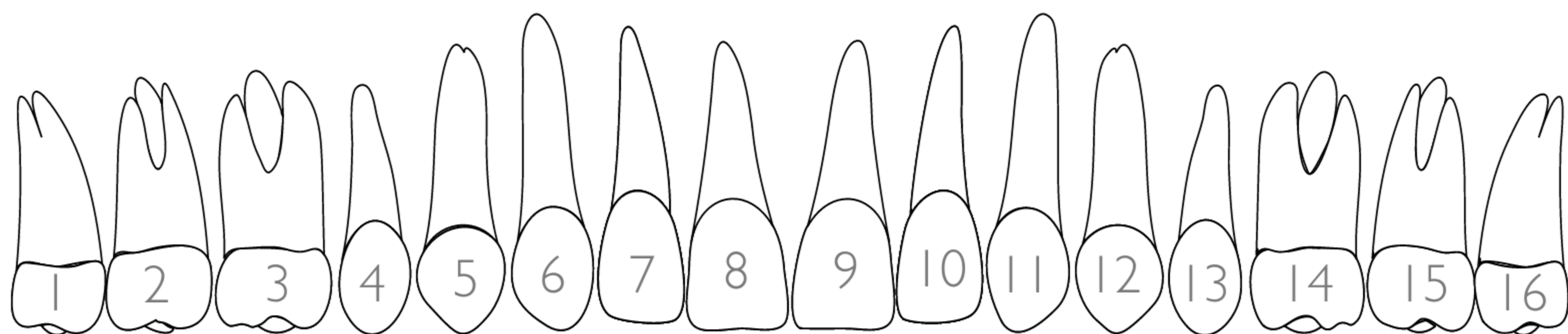
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

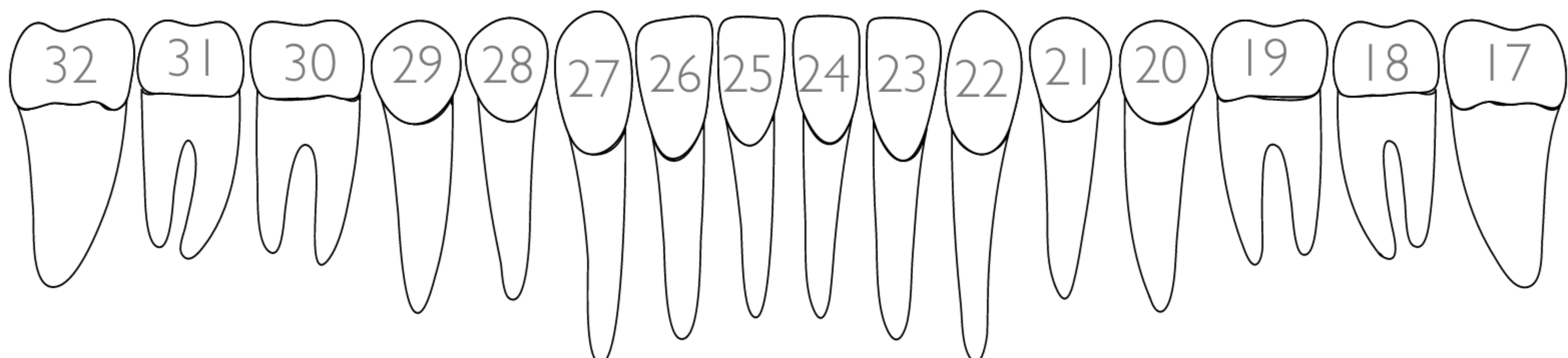
### Reason for Referral:

- Extraction    Restoration    Exposure    Other



**RIGHT**

**LEFT**



Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_