



RIVIERA ORTHODONTICS

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Orthodontics Exclusively for Children and Adults

REFERRED BY _____

INTRODUCING _____ DOB _____

PHONE NUMBER _____

PLEASE EVALUATE FOR:

- Full orthodontics
- Limited Orthodontics
- Early treatment / Phase I
- Invisalign
- Retainers
- Comments _____

- Patient has pending restorative work to be done
- Please call me before proceeding with treatment

**PLEASE SEND THIS REFERRAL WITH THE PATIENT OR FAX IT TO OUR OFFICE
A COMPLETE SUMMARY OF THE CONSULTATION WILL BE SENT TO YOU.**

Thank you for allowing us to assist your patients with their smiles!



www.rivieraorthodontics.com