Dr. Karen E. Calef

Practice Limited to Orthodontics

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Complimentary Initial Consultation

Introducing: ____

Chief Concerns:

- ❑ Crowded teeth
- ❑ Spaced teeth
- ❑ Protrusive teeth
- ❑ Retrusive teeth
- ❑ Crossbite
- ❑ Deep overbite
- ❑ Facial growth
- ❑ Oral habits
- ❑ Tooth Alignment for Prosthetics
- ❑ Missing teeth
- ❑ Invisalign interest
- ❑ Other ____

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Referring Doctor: ______________________ Date: ______________

Phone: ______________________

Do you have Panorex x-ray on file? ________ Date taken: ______________

Being sent ❑ by mail ❑ by patient