



# LIGONIER

## 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:

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

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

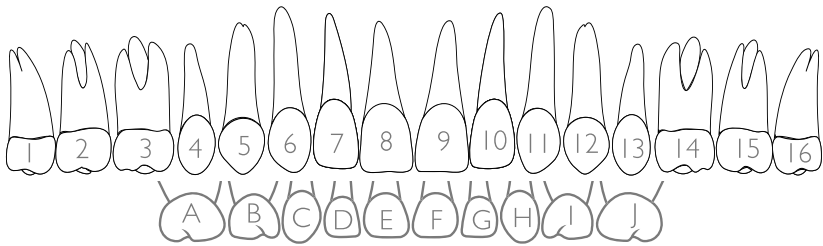
Address: \_\_\_\_\_

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

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

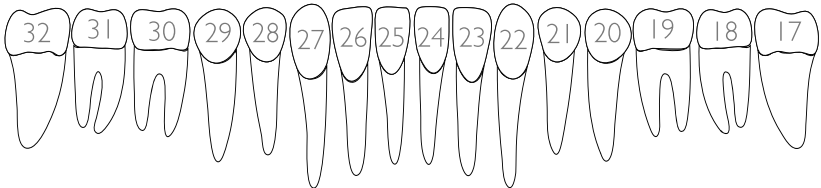
### Reason for Referral:

- Extraction    Restoration    Exposure    Other



RIGHT

LEFT



Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_