Truly Yours
ORTHODONTICS

SCAN TO SCHEDULE
YOUR CONSULTATION!

2760 W. 1ST STREET, SUITE 50, PROSPER, TX 75078
945-207-0207 | INFO@TRULYYOURSORTHODONTICS.COM

PATIENT REFERRAL

DATE _____

PATIENT NAME _____

DATE OF BIRTH _____

PATIENT PHONE _____

PATIENT REFERRED FOR _____

DOES THE PATIENT HAVE ACTIVE DECAY? ☐ YES ☐ NO

DOES THE PATIENT HAVE ACTIVE PERIODONTAL DISEASE? ☐ YES ☐ NO

IS THE PATIENT CLEARED FOR ORTHODONTIC TREATMENT? ☐ YES ☐ NO

COMMENTS: _____

_____

REFERRING DENTIST _____

SIGNATURE _____

Please fax this referral to 945-207-0208 and give a copy to the patient.