



Nguyen Orthodontics
www.nguyenortho.ca

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**Certified Specialist in Orthodontics and
Dentofacial Orthopedics**

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Patient: _____ Today's date: _____

DOB: _____ Patient phone: _____ Patient email: _____

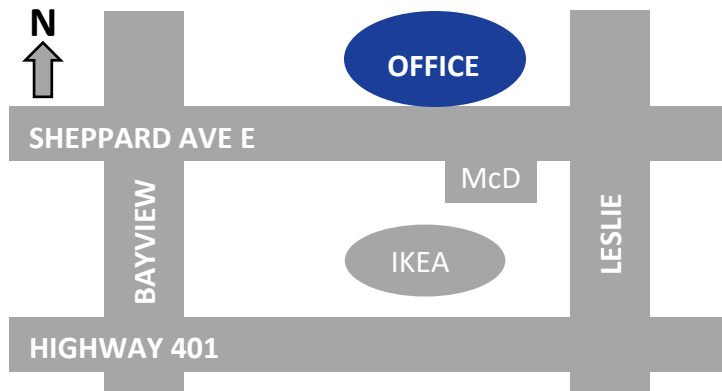
Referred by: _____ Phone: _____

Reason for referral:

- Orthodontics (metal/ceramic braces, Invisalign/clear aligners, etc.)
- Early interceptive orthodontics
- Orthognathic surgical assessment
- Pre-prosthetic/pre-implant assessment
- TMD

Comments: _____

Panoramic x-ray: None Emailed Mailed Released to patient
Lateral ceph x-ray: None Emailed Mailed Released to patient



Please bring this referral to your appointment.