Zaidi
ORTHODONTIX

Sheeba N. Zaidi, D.M.D.

This is to introduce _____, age _____

who is being referred from the office of Dr. _____

For the evaluation of the following problem(s):

Patient's/Patients' chief complaint: _____

☐ Pre orthodontic Guidance ☐ Malocclusion class I II III

☐ Crowding/Spacing ☐ Impacted/Ectopic Eruption Teeth #_____

☐ Crossbite ☐ Airway considerations

☐ Joint considerations ☐ Pre-prosthetic considerations

☐ Perio/Ortho

Request for Cone Beam CT:

☐ Implants Teeth # 1-32 ☐ Pantomogram

☐ TMJ ☐ Maxilla ☐ Mandible

Patient has available: ☐ BWS ☐ FMX ☐ PDMs ☐ Models

Comments: _____

Patient's Address: _____City/Zip _____

Patient's Phone #: _____Cell _____

Thank you for the referral.

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