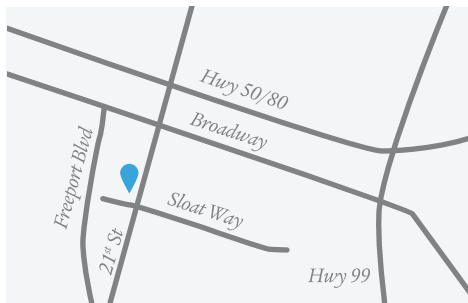


Orthodontic Referral

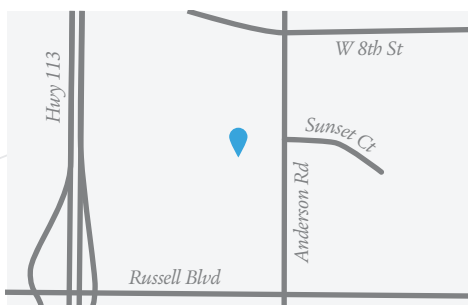
Your initial orthodontic consultation is complimentary.



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West Sacramento Office Location:
2101 Stone Blvd Suite 130 • West Sacramento, CA 95691



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635 Anderson Road Suite 6 • Davis, CA 95616

Orthodontic Specialists

Kelly M Giannetti, DMD, MPH, MS

Thais C Booms, DDS, MS

Maya C Giannetti, DDS, MS

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Orthodontic Referral

This referral form is available online at www.sacortho.com

Patient: _____

Patient Phone Number: _____

Referred By: _____

Date of Last Prophylaxis: _____

Restorative Work: ☐ Completed ☐ Required prior to orthodontic treatment
☐ Required following orthodontic treatment

Please Specify: _____

Periodontal Status: ☐ Stable, okay to start orthodontic treatment
☐ Needs periodontal clearance prior to starting orthodontic treatment
Periodontist: _____

Panoramic X-Ray Provided ☐ Yes ☐ No

A panoramic x-ray taken within the past six months will aid in the diagnosis and timing of any necessary treatment.
Please email if possible to TC@Sacortho.com

Please provide any additional information relevant to the patient's treatment plan:

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