Jennifer H Yau
DDS, MSD, Inc
14455 South Bascom Avenue, Los Gatos, CA 95032
Tel 408.377.9797 **Fax** 408.377.9143
info@jyortho.com **www.jyortho.com**

Introducing _____ Date _____

Patient's Phone _____ Birthdate _____

Referred by Dr. _____ Phone _____

- ☐ Please Evaluate for Early or Interceptive Treatment
- ☐ Please Evaluate for Full Orthodontics
- ☐ Pre-prosthetic Treatment Needed
- ☐ Other

Remarks _____

_____

_____

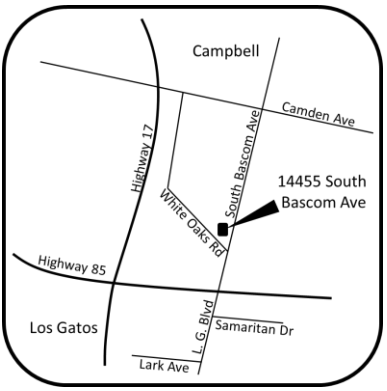
Panoramic/Full Mouth Radiograph(s)

☐ None ☐ Emailed ☐ Mailed ☐ Released to Patient

Restorative/Periodontal Treatment

- ☐ Treatment Completed – Able to proceed with orthodontic treatment
- ☐ Treatment Incomplete – projected by _____

Please give referral to the patient & email (**info@jyortho.com**) or mail a copy to the office. Thank you!



American Association of Orthodontists®

ABO American Board of Orthodontics®