



Maryam Mojdehi-Barnes DDS, MS, PA
Orthodontic Specialist for Children, Teens & Adults

Healthy &
Beautiful *Smiles* for Life

Date: _____

Medical concerns: _____

Reason for referral:

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Openbite | <input type="checkbox"/> Underbite/Crossbite |
| <input type="checkbox"/> Spacing | <input type="checkbox"/> Overbite | <input type="checkbox"/> TMJ dysfunction |
| <input type="checkbox"/> Harmful habits | <input type="checkbox"/> Overjet | |

Impacted teeth: _____

Congenitally missing teeth: _____

Realignment for future restorations (Please circle implant or FPD):
tooth number(s): _____

Other restorative plans: _____

Other comments: _____

Please call to discuss treatment plan

Referred by: Dr. _____

Please send more referral cards

Thank you for your continued confidence and support.

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