



ASSOCIATED  
ORAL  
SPECIALTIES, INC.

“Because One Smile Can Have Many Needs”

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*Multiple Specialties in One Location*

DATE: \_\_\_\_\_

INTRODUCING PATIENT: \_\_\_\_\_ DOB: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME: \_\_\_\_\_

Please Examine for

- Comprehensive Treatment
- Crowding
- Spacing
- Deep Bite
- Open Bite
- Crossbite
- Excessive Overjet
- Improper Posterior Occlusion
- Airway/Snoring Concerns
- Growth/Skeletal Considerations
- Serial Extraction
- Early Treatment
- Molar Uprighting
- Habits (Thumb, Tongue Thrust)

Orthodontics

Please be advised of the following special considerations

- Periodntal
- TMJ
- Restorative
- Other

Remarks \_\_\_\_\_  
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