# DR. CURTIS CONTRO

## Orthodontist

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**CONTACT**

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### PATIENT INFORMATION

**Patient Name:** **Patient's Number:**

**Referring Doctor:** **Patient's Email:**

### AREA OF CONCERN

☐ Class II ☐ Class III ☐ Crowding

☐ Spacing ☐ Deep Bite ☐ Open Bite

☐ Cross Bite ☐ Finger Habit ☐ Tongue Thrust

☐ Need Space for Restoration ☐ Other:

Click or tap here to enter text.

### TYPE OF TREATMENT PATIENT SEEKING

☐ Just a Check – Up ☐ Early Interceptive Treatment ☐ Invisalign

☐ Braces ☐ Pre – Restorative Treatment ☐ Retainers

☐ Other:

### ADDITONAL INFORMATION