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THE DENTAL LOFT ORTHO



DR. HALA ELSAMNA
ABO Board Certified Orthodontist

Patient's Information

PATIENT NAME:

PHONE NUMBER:

X-RAYS:

Mailed E-mailed Sent with patient Please take x-rays

PATIENT REFERRED FOR:

ADDITIONAL COMMENTS:

TOOTH CHART:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Referral's Information

DOCTOR'S NAME:

PHONE NUMBER:
