



Emilio Hernandez, DMD, MS

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Introducing : _____

Date: _____ Phone: _____

Referred by: _____

☐ Please evaluate for Early/Interceptive Treatment

☐ Please Evaluate for Comprehensive Orthodontics

☐ Pre-prosthetic Treatment Needed

☐ Crowding ☐ Malocclusion ☐ Missing Teeth

☐ Recent Panorex taken (within 6 months)

(Check all that apply)

Remarks: _____



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