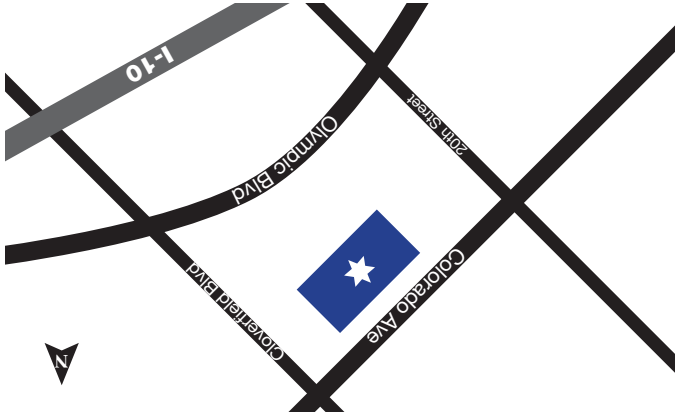


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Dan Grauer DDS, PhD

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Introducing: _____

Date: _____

Referred by Dr.: _____

REASON:

- Orthodontic – Fixed / Removable Evaluation
- Orthodontic – Orthognathic Surgery Evaluation
- Orthodontic – Interdisciplinary Treatment

SPECIAL INTERESTS:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Metal | <input type="checkbox"/> Facial Esthetics | <input type="checkbox"/> Computer Guided |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Smile Design | <input type="checkbox"/> Orthodontic Treatment |
| <input type="checkbox"/> Lingual | <input type="checkbox"/> Smile Rejuvenation | <input type="checkbox"/> Early Treatment |
| <input type="checkbox"/> Invisalign | | |

COMMENTS: _____
