

referral

Dr. John Lawson

2460 Hwy 63 N Broadway
Rochester, MN 55906
507.282.6447
507.282.1428 fax

Date: _____

Referred by: _____

Name: _____
First Name Last Name

Age: _____

Parent(s): _____

Phone: _____

Areas of Concern:

Orthodontics (check all that apply)

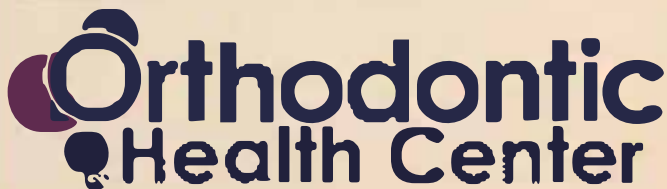
- Supernumerary teeth
- Missing teeth
- Impacted teeth
- Class I Class II Class III
- Openbite Deepbite
- Thumb Finger Airway
- Crowding Spacing

Comments: _____

TMD

- Clicking Jaw Pain

Comments: _____



www.orthodontichealthcenter.com