

referral

Dr. John Lawson

2460 N. Broadway Ave.,
Rochester, MN 55906
507.282.6447
507.282.1428 fax

Date: _____

Referred by:

First Name

Last Name

Name: _____

Age: _____

Parent(s): _____

Phone: _____

Areas of Concern:

Orthodontics (check all that apply)

Supernumctory teeth

Missing teeth

Impacted teeth

Class I

Class II

Class III

Openbite

Deepbite

Thumb

Finger

Airway

Crowding

Spacing

Comments: _____

TMD

Clicking

Jaw Pain

Comments: _____

Lawson Orthodontics

ORTHODONTIC HEALTH CENTER

www.orthodontichealthcenter.com