



Traci Saito, DMD, MS, MHA

Constance Brown, DDS

Today's date: _____

Child

Adult

We are pleased to introduce _____, who has been referred for a complimentary orthodontic examination.

Patient's phone: _____ home / work / cell

Referred by Dr. _____ Phone: _____

Dentist email address: _____

Chief Orthodontic Concerns:

Crowded Teeth

Spaced Teeth

Missing Teeth

Protrusive Teeth

Excessive Wear

Crossbite

Openbite

Deep Overbite

Underbite

Overjet

Facial Growth

TMJ Dysfunction

Impacted Teeth

Tooth Alignment for Restorative Treatment

Other: _____

Please indicate area of concern: _____

Date of last exam: _____ Any work pending: _____

Date of Panoramic Radiograph _____ FMX _____ Perio Charting _____

Appointment made - Date: _____ Time: _____

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Hello, and Welcome! Brown-Saito Orthodontics enthusiastically welcomes you to our practice. We are excited to meet you and your family at your complimentary examination.

We are pleased to offer you the latest in diagnosis and treatment planning and a complimentary Growth and Guidance Program for younger family members. Flexible financing is also available, and insurance is accepted and filed for your convenience. Our patients love the choices of treatment available – from clear to colored braces, Invisalign® and Invisalign Teen®.

You and your family are special to us. We make it our goal to help you enjoy your orthodontic treatment and to walk away with that fabulous smile you've always wanted.