



lake hills orthodontics

wisanu charoenkul, dds ms

Introducing: _____

Date: _____ Age: _____

Phone: H _____ C _____ W _____

Referred by: _____

Please Evaluate:

Arch Length

- crowding
- spacing

Crossbite

- anterior
- posterior

Dental Concerns

- missing teeth
- extra teeth
- delayed eruption
- small teeth
- large teeth
- impaction

Occlusion

- deep bite
- open bite
- overjet
- excessive wear
- traumatic occlusion

Xrays: included will mail/email please take

Please call me to discuss the care of my patient.

Comments:

Please fax us a copy of this referral. 425.746.7486
Please send electronic records to records@lakehillsortho.com

15446 Bel-Red Road • Suite 310
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425.747.9210





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We look forward to welcoming you to our practice!