

VISTANCIA ORTHODONTICS

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*Northwest Corner of
Lake Pleasant Blvd
& West Yearling Rd.
North of Home Depot*

(patient name)

(patient phone number)

Is Being

Referred By Dr. _____

On _____

(referral date)

☐ Orthodontic Evaluation

☐ Referral to Evaluate Sleep Apnea/Snoring

☐ TMJ Evaluation

☐ Other

☐ Please Call Prior to Beginning Treatment

*So that we can work
together in giving our
patients the best,
most complete dental
and orthodontic care.*

