

ORTHODONTIC REFERRAL RECORD

(Place this card in your patient record)

PATIENT _____

DATE _____

On the above date this patient was informed of the need to seek an orthodontic consultation. The patient was advised of the possible consequences of not getting the consultation. The patient was referred to Dr. Paul Rim.

Patient Status:

Consultation declined Patient agreed to consultation Patient received consultation

Confirmed by: Patient Dr. Rim

Treatment declined _____ DATE _____ Treatment initiated _____ DATE _____

REQUEST FOR AN ORTHODONTIC CONSULTATION

(If you wish to report special concerns to us, please mail this card to our office)

Re: _____ DATE: _____

This patient will be calling your office for a consultation.

Specific areas of concern: _____

From the practice of: _____

You have been referred to us for an initial orthodontic evaluation.

We are pleased that your doctor has referred you for an orthodontic examination. We are strongly committed to orthodontic treatment excellence. There is no charge for this examination visit. It is done as a courtesy to your referring doctor. You are not obligated to proceed with treatment with us. Our goal for the initial evaluation appointment is to give you as much information as possible. We will address your concerns and tell you about any orthodontic issues we see and suggest treatment options.

PAUL RIM, DMD, MS
RIM ORTHODONTICS
1027 Hopkins Avenue
Redwood City, CA -94062
(650) 368-8348
www.rimortho.com



RIM
ORTHODONTICS
PAUL RIM, DMD, MS