



BEIM ORTHODONTICS

 **MICHAEL A. BEIM, DDS • PA**

Referred By Dr. _____

Introducing My Patient _____

Appointment Date _____

☐ Please Evaluate for Early or Interceptive Treatment

☐ Please Evaluate for Minor Tooth Treatment

☐ Please Evaluate for Full Orthodontics

☐ Please Evaluate for Craniofacial Orthopedics

☐ Please Evaluate for TMD Treatment

☐ Pre-prosthetic Treatment Needed

☐ Other _____

Remarks _____

☐ Please Call Me Before Proceeding with Treatment

☐ I Have Sent Radiographs for Your Evaluation

☐ Please Return After Seeing Patient

☐ Keep for Your Records

345 WAYMONT COURT | LAKE MARY | FLORIDA 32746

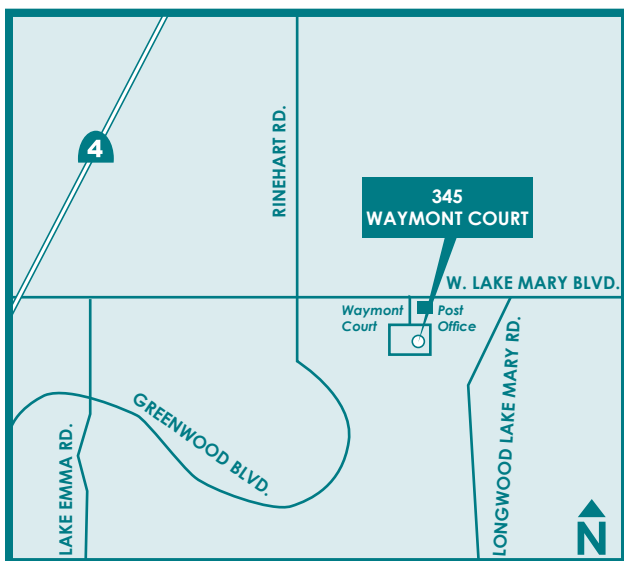
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