



2320 South Robertson Blvd, Unit #101
Los Angeles, California 90034

P: (310) 954-2202 • E: Hello@wlaortho.com

Referring Doctor : _____

This will introduce : _____

For the Orthodontic Evaluation of:

- | | | |
|--|---|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing | <input type="checkbox"/> Crossbite |
| <input type="checkbox"/> Overjet | <input type="checkbox"/> Deep Bite | <input type="checkbox"/> Underbite |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Early/Late Loss of Teeth |
| <input type="checkbox"/> Facial Growth | <input type="checkbox"/> Oral Habit | <input type="checkbox"/> Pre-Prosthetic Needs |

Comments: _____

Graduate of USC School of Dentistry; Orthodontic Specialist

Jonathan Shouhed DDS, MBA

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