

ortho haus

ORTHODONTICS

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(905) 265-4145

Referred by: 1.

Date:

Patient Contact 2.

Name:

Phone:

Email:

DOB:

Areas of Concern 3.

General Exam

Deep Bite

Crowding

Open Bite

Spacing

Impacted Teeth

Overjet

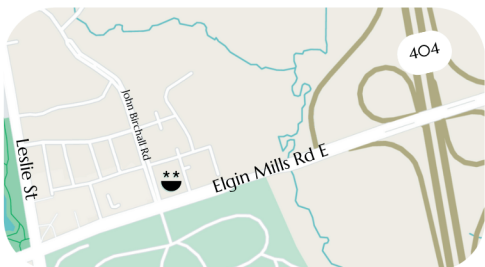
Crossbite

Other notes:

Dental History 4.

Date of last check-up & cleaning:

Restorative work needed



Please email referral to
smile@orthohaus.com
or fax (905) 265-4145

www.orthohaus.com

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