THE OFFICE OF

Dr. Ted Struhs

Patient Name: ______________________________

Referred by: ______________________________ Date: ____________

PLEASE EVALUATE FOR:

❍ Malocclusion Correction

❍ I ❍ II ❍ III

❍ Space Correction

❍ Crowding ❍ Space

❍ Crossbite Correction

❍ Growth & Development Evaluation

❍ Habit Intervention

❍ Invisalign®/InvisalignTeen®

NOTES: ______________________________

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20MileOrtho.com

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Suite 109
Parker, CO 80134
303-841-2262

3750 Dacoro Ln.
Suite 145
Castle Rock, CO 80109
720-733-0353