20mile ORTHODONTICS
20 Miles Worth of Smiles

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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Submit

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