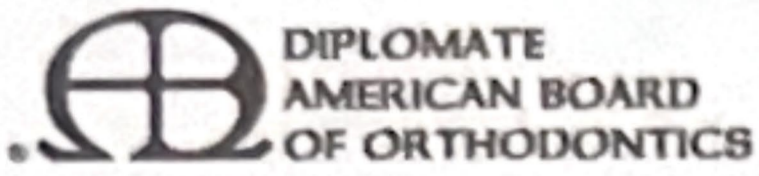




# SHEFFIELD & LE

## ORTHODONTICS



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fax: 925.754.3951

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Brentwood, CA 94513  
**925.634.4446**  
info@SheffieldLeOrtho.com

Child  Adult

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

- Please Evaluate for Early or Interceptive Treatment
- Please Evaluate for Full Orthodontics
- Orthodontic Treatment Needed Prior to Restorative Treatment
- Please Call Me Before Proceeding with Treatment

Last Cleaning Date: \_\_\_\_\_

Perio Charting: Y / N Date: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Send Current Panoramic Radiograph if Available**

Referred By Dr. \_\_\_\_\_ Date / /

(Please Print Name)

**PATIENT COPY**