



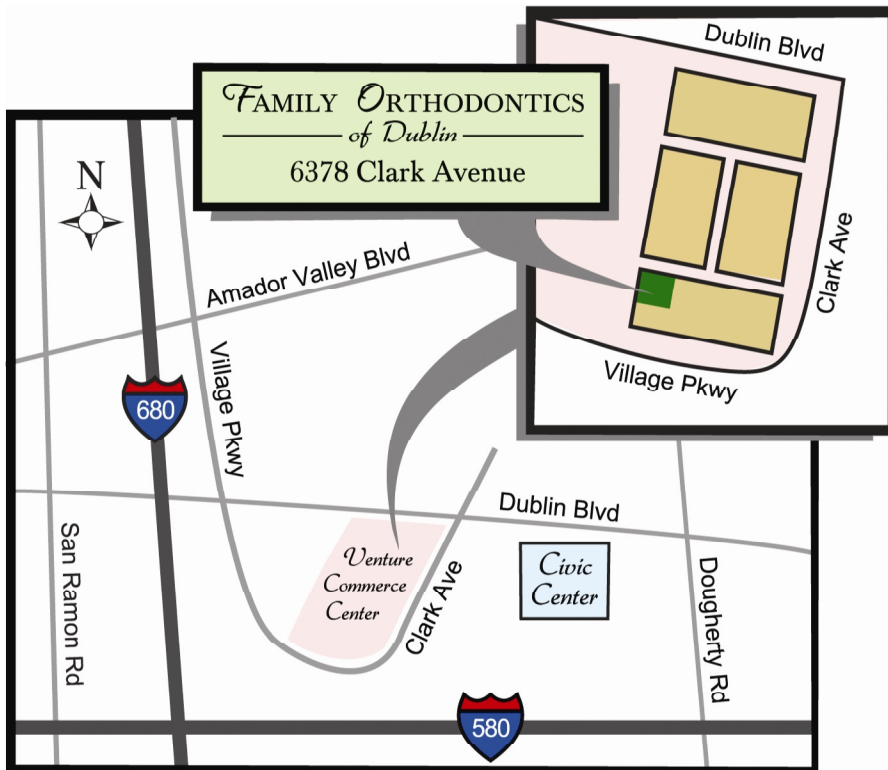
Susan Hsieh, DMD, MS

6378 Clark Ave  
Dublin, CA 94568

tel: (925) 551-8765  
fax: (925) 551-8644  
familyorthodublin.com

*Welcome to our practice!*

You have been referred to our office for specialized care. Please call us to schedule an appointment. At your first visit, Dr. Hsieh will do an extensive examination and answer many of your questions regarding orthodontic treatment. As a courtesy to you and your dentist, there is no charge for this visit. We look forward to meeting you!



**FAMILY ORTHODONTICS**  
of Dublin

Susan Hsieh, DMD, MS

Personalized Orthodontic Care for Smiles of All Ages

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**Introducing** \_\_\_\_\_  
(first name) (last name)

**Age** \_\_\_\_\_ **Gender** M / F **Phone** (\_\_\_\_) \_\_\_\_\_

**Parent Name** \_\_\_\_\_  
(if applicable)

**REASON FOR REFERRAL**

- Crowding
- Spacing
- Excessive Overjet
- Impacted Teeth
- Other \_\_\_\_\_
- Deep Bite
- Crossbite / Underbite
- Open Bite
- Prepare teeth for crowns, implants, etc.

**Notes** \_\_\_\_\_  
\_\_\_\_\_

**RESTORATIVE TREATMENT**

- Completed
- In Progress \_\_\_\_\_
- To be completed after orthodontic treatment \_\_\_\_\_
- No treatment indicated

**RADIOGRAPHS** (taken within the last year)

- Panorex
- FMX
- Bitewings/Periapicals
- We will forward X rays to your office
- Patient will bring X-rays
- No X-rays are available

**Referred by** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fax or mail a copy of this form to us.

Thank you for your referral!

