

JAMES A. GRABOW, DDS, MS

Specialist in Orthodontics

800 Morning Star Drive, Suite A ■ Sonora, CA 95370
(209) 532-5788 (tel) ■ (209) 532-5834 (fax)

Today's Date: _____

Introducing: _____

Referred by: _____

Telephone: _____

ABOUT YOUR FIRST VISIT:

You have been referred to Dr. Grabow for specialized care. We are committed to caring for you and helping you achieve the finest possible orthodontic result. We welcome the opportunity to work with you in creating a healthy bite and a smile that will last a lifetime.

1. At the **complimentary** screening, Dr. Grabow will do an extensive evaluation. Please allow 30 minutes for this appointment.
2. All of your concerns and questions about treatment can be answered.
3. Several different financial arrangements will be presented. Arrangements can be made to extend payments over the months of treatment.
4. If you have dental insurance, please bring the necessary forms so that we may investigate this for you. This will help us to process any claims.
5. If you are prepared to start treatment, diagnostic records (i.e.: models, orthodontic x-rays and / or photos); will be necessary to establish a formal treatment plan.

PLEASE CONSULT PATIENT FOR THE FOLLOWING:

- General Orthodontic Evaluation
- Phase I Evaluation
- Minor Tooth Movement
- Crowding
- Overjet / Overbite
- Crossbite
- Open Bite
- Tooth Alignment for Crown & Bridge

RADIOGRAPHS:

- Being Mailed
- Given to Patient
- No X-ray

REMARKS OR SPECIAL INSTRUCTIONS:

IMPORTANT: All patients under 18 years of age must be accompanied by a parent or guardian at the consultation visit.