SAN CARLOS
ORTHODONTICS
Gary Lau DDS MS

Referred By Dr : _____

Referral Date: _____

Introducing My Patient: _____

Patient's DOB : _____

Parent/Guardian's Name : _____

Daytime phone: _____

Alternate Phone: _____

Referral Concerns :

- ☐ Please Evaluate for Early Interceptive Treatment
- ☐ Please Evaluate for Full Orthodontics
- ☐ Specific Concerns _____

_____

_____

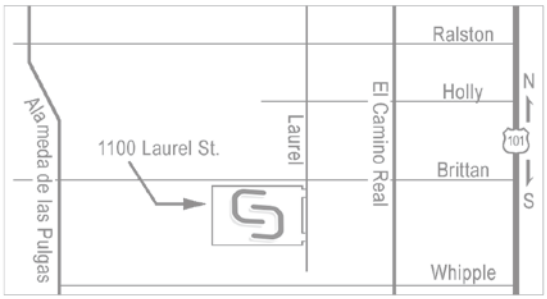
_____

Patient Radiographs/Records :

- ☐ Will Accompany Patient
- ☐ Will Be Sent to Your Office
- ☐ Are Not Available
- ☐ Please Send Additional Referral Pads

www.SanCarlosOrtho.com
1100 Laurel St. Suite A, San Carlos, CA 94070
P : 650-620-9535 F : 650-620-9092

Office Location



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San Carlos, CA 94070
(650) 620-9535

sancarlosortho.com

Call today for your complimentary examination