



Date: _____

I am referring our valued patient, _____ to
Blue Orthodontics for the following:

- Consultation Only
- Comprehensive Orthodontic Treatment
- Limited Orthodontic Treatment
- Early Treatment

Comments: _____

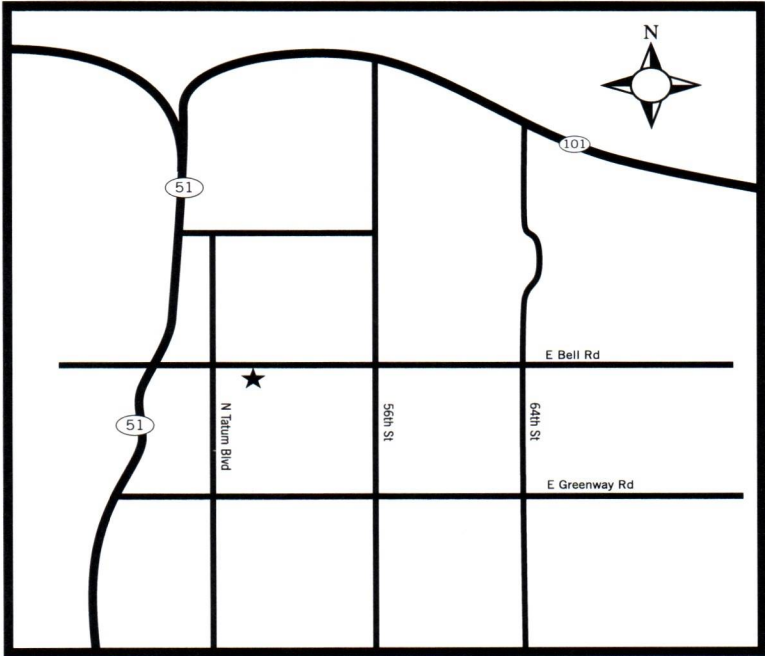
Doctor's Name _____

Phone Number _____

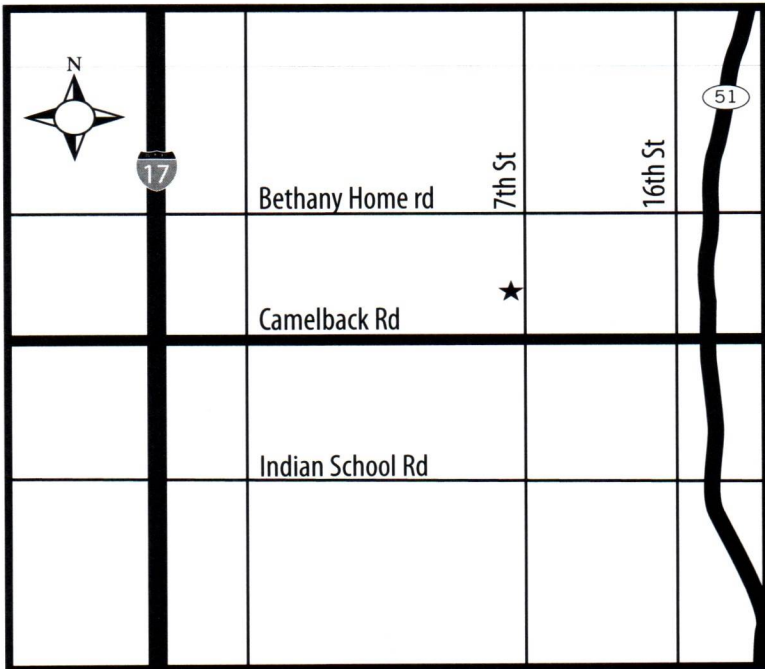
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