North Coast
ORTHODONTICS
Brian J. Schabel, DDS, MS
Vivian H. Chan, DDS, MS

ORTHODONTIC SPECIALISTS FOR CHILDREN & ADULTS

FREE CONSULTATION

with Digital X-rays

World Class Smiles Crafted by Hand & Heart

Patient Name: _____ Date: _____

Phone Number: _____ Age: _____

Referred by: _____

Referred to: ☐ Capitola Office ☐ Scotts Valley Office

Please evaluate the following concern(s) and treat as necessary:

- ☐ Developing Malocclusion
- ☐ Habit Control
- ☐ Impaction(s)
- ☐ Space Maintenance
- ☐ Invisalign®
- ☐ Determining Ideal Tx Time
- ☐ Missing Tooth/Teeth
- ☐ T.M.J. Evaluation
- ☐ Possible Surgery
- ☐ Other _____

☐ There is **NO PENDING TREATMENT** and patient is cleared for ortho

Notes: _____

BLUE DIAMOND
TOP 1%
INVISALIGN
PROVIDER

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