



GODZYK

ORTHODONTICS

This is to introduce _____

Contact number : _____

From Dr. _____

being referred for evaluation and/or treatment of

Records Sent :

- Individual X-Rays
- Full Mouth X-Rays
- Panoramic Radiograph
- Other _____

For directions to office, please see map on back.

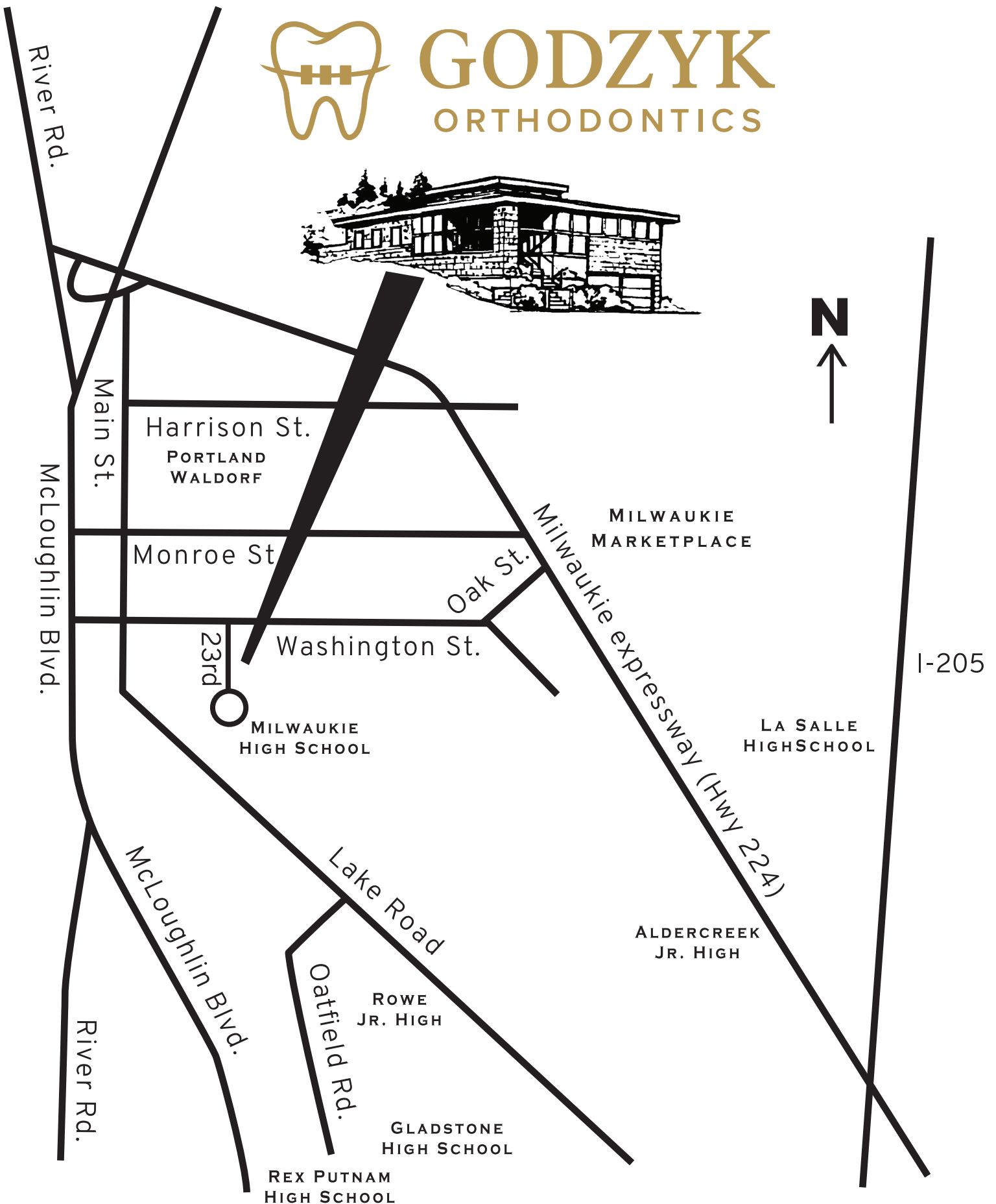
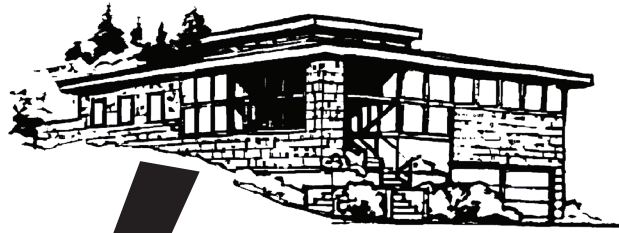
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