

# Braces World Orthodontics

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Practice Limited to Orthodontics  
Board Certified Orthodontist

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To Whom It May Concern,

Dear Parent/Guardian:

It is necessary that you have a general dentist examine and treat your child for tooth decay and other dental problems. After treatment is finished please have your dentist complete the bottom half of this form.

Thank you.

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Please evaluate and treat this patient for all general dental care including prophylaxis. Upon termination of all needed treatment please complete this form. Sign and give to the parent/guardian.

Thank you

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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I have completed all necessary dental treatment for this patient

\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number