

ORTHODONTICS WEST

DR NEO DOUVARTZIDIS

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Fully Registered Orthodontic Specialist (Dental Board of SA)

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REFERRING DENTIST:

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Patients Name:

Date of Birth:

Address:

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Phone No:

PRESENTS WITH THE FOLLOWING:

Bite Discrepancy Class II Class III

Cross Bite

Crowding

Spacing

Eruption Problems Impaction Ankylosis

Supernumery Teeth

Missing Teeth

Enclosed Radiographs Models

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ADDITIONAL NOTES

ALL APPOINTMENTS PH: 8346 0300