



WELLS
ORTHODONTICS

Excellence in Orthodontics with Personalized Care

ANDREW P. WELLS, DDS, MS

I would like to refer _____ Date: _____

For an evaluation of the following orthodontic problems:

- | | | |
|--|---|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Anterior Cross Bite | <input type="checkbox"/> Worn Teeth |
| <input type="checkbox"/> Spacing | <input type="checkbox"/> Posterior Cross Bite | <input type="checkbox"/> TMJ Problem |
| <input type="checkbox"/> Overjet | <input type="checkbox"/> Deep Bite | <input type="checkbox"/> Eruption Problem |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Open Bite | <input type="checkbox"/> Oral Habits |

Other: _____

Referred by Dr. _____ Phone: _____

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