

Introducing: _____

Date: _____ Age: _____

Referred by: _____

Observations: _____

You have been referred to Bourne Orthodontics for an orthodontic evaluation. Please contact our office soon to schedule your **complimentary initial exam**. If treatment is needed, during this appointment we will discuss your treatment options, approximate duration of treatment, & estimated fees. We will then provide you with a written summary of these details & be sure to answer any questions you may have.
 We look forward to meeting you!



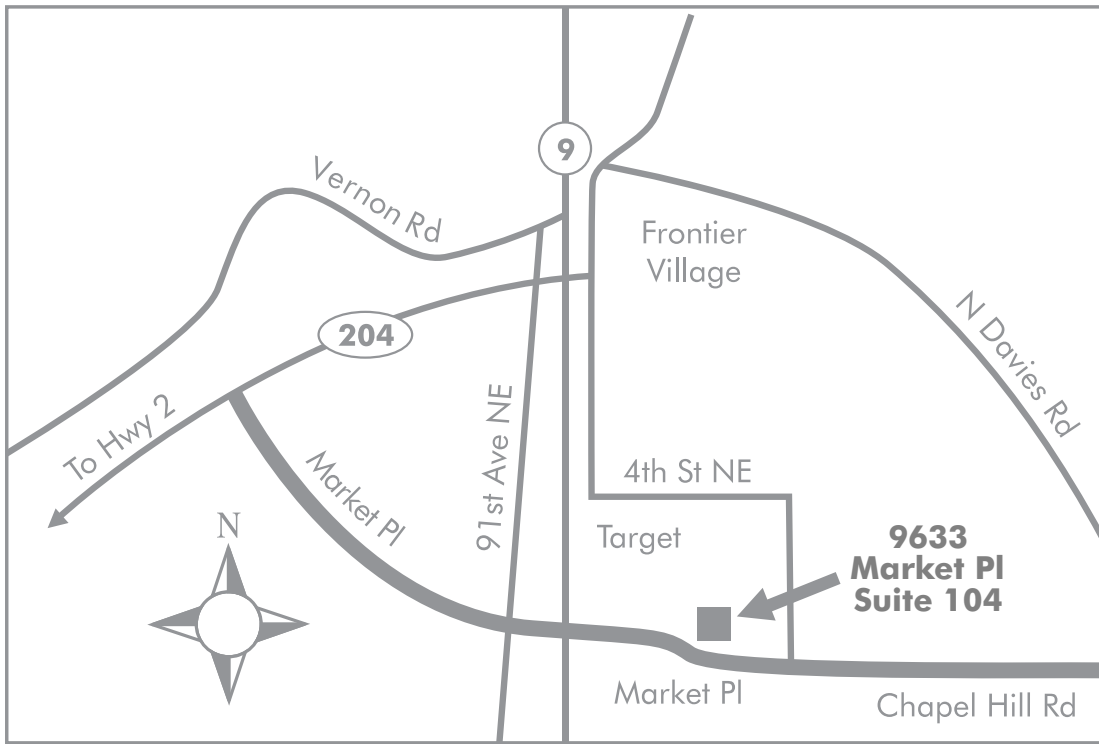
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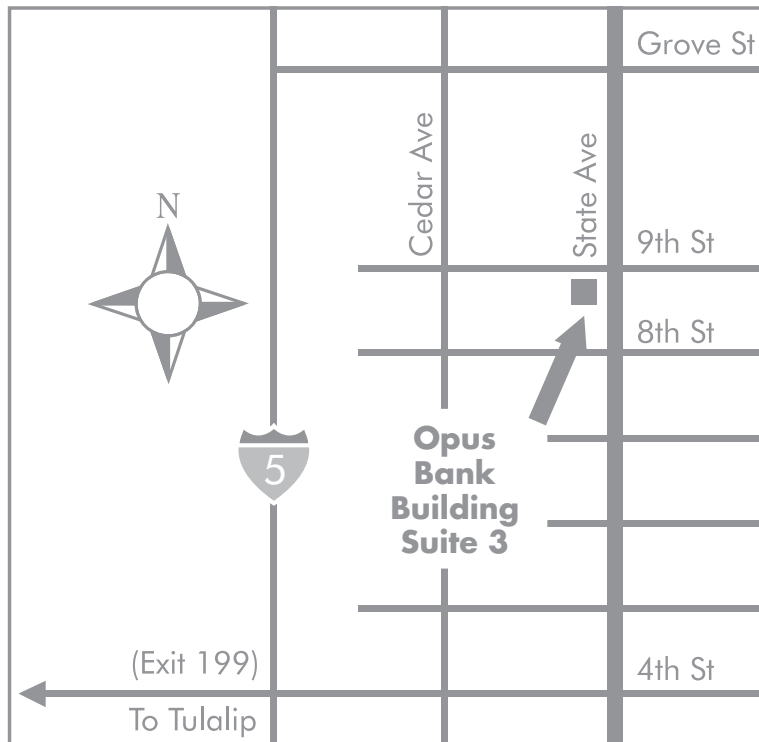
PATIENT COPY



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