Marta Baird, DDS, MSD
Board Certified Orthodontist

5924 Stoneridge Drive, Suite 203
Pleasanton, CA 94588

Tel 925-298-4400
Fax 925-271-2571

info@bairdorthodontics.com
www.bairdorthodontics.com

Today's Date: _____ Referred by _____

Patient's Name _____ Age _____ Gender _____

Parents' Name _____

Address _____

_____

Phone 1 _____ Email _____

Comments _____

_____

Primary Concerns

☐ Crowding ☐ Open Bite ☐ Deep Bite ☐ Cross Bite
☐ Class II ☐ Class III ☐ Abnormal Habit ☐ Other

Panorex/Full Mouth

☐ None ☐ Emailed Last Cleaning Date _____

Restorative Treatment

☐ Complete ☐ Incomplete Projected Completion Date _____