



TRUMAN

ORTHODONTICS

Schedule your complimentary in-office or virtual consultation!

Introducing: _____ Date: _____

Phone: _____ DOB: _____

Parent/Guardian name: _____

Referred by: _____

Reason for referral:

- Please perform initial orthodontic evaluation
- Patient requires continuation of orthodontic therapy
- Please evaluate specific concerns noted below:

Restorative treatment is:

- Complete. Patient is ready for orthodontic treatment.
- In progress. Please confirm completion of restorative work prior to starting treatment:

Instructions for Patient

1. Find the Truman Orthodontics location nearest you.
2. Call or visit our website to schedule your complimentary appointment.
3. Please bring this slip with you to your appointment.

Appointment: _____
Day Date Time

Henderson
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