



# KARE ORTHODONTICS

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**Patient Name:**

**Age:**

**Parent:**

**Patient's Phone #:**

**Restorative Treatment:**

- Completed
- In Progress
- Post Orthodontic
- X-ray Taken

**Last Recall Date:**

**Comments:**

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**Referred by:**

**Date:**



American  
Association of  
Orthodontists



DIPLOMATE  
AMERICAN BOARD  
OF ORTHODONTICS

You can also refer online by visiting: [kareorthodontics.com/referral](http://kareorthodontics.com/referral)

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