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Orthodontic Team

Keivan Sarraf, DDS
Alexander Nee, DDS
Navid Kabiri, DDS
Sarah Pi, DDS, MS
Karena R. Craemer, DDS

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Consultations**



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Referred By: _____ Date: _____

Introducing: _____ Pt. Phone: _____

Comments: _____

Reason for Referral:

- | | | |
|---|--|---|
| ☐ Comprehensive Orthodontic Evaluation | ☐ Class II (overjet) | ☐ Impacted Teeth _____ |
| ☐ Crowding / Spacing | ☐ Class III (underbite) | ☐ Ectopic Eruption _____ |
| ☐ Overbite / Deep Bite | ☐ Open Bite | ☐ Clear Aligner Consultation |
| ☐ Crossbite (anterior / posterior) | ☐ Retreatment (relapse) | ☐ Pre-Prosthetic Ortho (space development) |



REFER ONLINE

www.tcdsg.com

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Fax: 714-754-5452 (for referrals if needed)

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(Corner of Rita and Zoe Ave)

3060 Baldwin Park Blvd. #D100
Baldwin Park, CA 91706
(Next to Target and Food 4 Less)

2700 N. Broadway
Los Angeles, CA 90031
(Across from CVS)



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