



WU ORTHODONTICS

Eric Wu, DMD

1865 El Camino Real ■ Palo Alto, CA 94306 ■ ph 650.322.0288 ■ fax 650.322.0488
www.wuortho.com ■ office@wuortho.com

R E F E R R A L F O R M

Please fill out completely

Introducing _____ Age _____

Parent/Responsible Party _____

Phone _____ Email _____

Last cleaning date _____ Cleaning Cycle _____

Pending Treatment Yes No If yes, explain treatment _____

Consultation with DDS required prior to orthodontic treatment

<p>Specific Concerns _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Referred by _____ Date _____

Dentist Name _____