## **Raymond B. Meandro, D.D.S., M.S.**

**Specialist in Orthodontics**

**236 South Street, Pittsfield, MA 01201**

**(413) 499-7266**

**meandro1@verizon.net**

This is to introduce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply (if emailing, put “X” after those that apply):

|  |  |
| --- | --- |
| * Class I Malocclusion
 | * Midline Shift
 |
| * Class II Malocclusion
 | * Anterior Open Bite
 |
| * Class III Malocclusion
 | * Posterior Open Bite
 |
| * Anterior Crossbite
 | * Congenitally Missing Tooth or Teeth #\_\_\_\_\_\_\_
 |
| * Posterior Crossbite
 | * Impacted Tooth or Teeth #\_\_\_\_\_\_\_
 |
| * Excessive Overbite
 | * Abnormal Eruption
 |
| * Excessive Overjet
 | * For possible Surgical Orthodontics
 |
| * Crowding
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |