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This is to introduce _____

Referred by _____

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

- | | |
|-------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Class I Malocclusion | <input type="checkbox"/> Midline Shift |
| <input type="checkbox"/> Class II Malocclusion | <input type="checkbox"/> Anterior Open Bite |
| <input type="checkbox"/> Class III Malocclusion | <input type="checkbox"/> Posterior Open Bite |
| <input type="checkbox"/> Anterior Crossbite | <input type="checkbox"/> Congenitally Missing Tooth or Teeth #_____ |
| <input type="checkbox"/> Posterior Crossbite | <input type="checkbox"/> Impacted Tooth or Teeth #_____ |
| <input type="checkbox"/> Excessive Overbite | <input type="checkbox"/> Abnormal Eruption |
| <input type="checkbox"/> Excessive Overjet | <input type="checkbox"/> For possible Surgical Orthodontics |
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Other _____ |
| | _____ |
| | _____ |