



Erik Swanson
orthodontics
Exceptional Smiles

Erik Swanson, D.M.D., M.S.

Specialist in Orthodontics
for Children & Adults

This referral is available online at www.ESortho.com

Date: _____

Dr.: _____
would like to introduce

My patient: _____
for an orthodontic consultation

Patient phone #: _____

Please evaluate for:

- early adolescent adult treatment
 other: _____

Remarks: _____

Radiographs are:

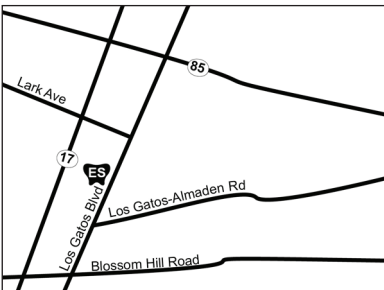
- enclosed (keep/return) with patient
 mailed separately needed

Restorative work is:

- completed
 required prior to orthodontic treatment
 required following orthodontic treatment

Appointment:

- please call patient _____ patient will call
 scheduled for: _____ date _____ at _____ time



15595 Los Gatos Blvd.
Los Gatos, CA 95032
www.ESortho.com
P 408.884.8969