



Erik Swanson D.M.D, MS
Specialist in Orthodontics for
Children & Adults

Erik Swanson orthodontics

Exceptional Smiles

Date : _____

Dr. : _____

My patient: _____

Patient phone # : _____

Please evaluate for:

early adolescent adult

Remarks: _____

Restorative work is :

- completed
 required prior to orthodontic care
 required following orthodontic care

_____ Date of last exam

Radiographs are :

- Emailed
 With patient
 Needed

_____ Date last taken

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P 408.884.8969

LOS GATOS OFFICE
15595 Los Gatos Blvd
Suite B
Los Gatos CA 95032

CAMPBELL OFFICE
476 East Campbell Ave
Suite B
Campbell CA 95008

This referral is available online at www.ESortho.com