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Introducing Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

**PLEASE BRING THIS FORM TO YOUR APPOINTMENT.**

- Please call patient.
- Patient will call.

**Areas of Concern**

- Crowding
- Spacing
- Overjet
- Overbite
- Underbite
- Crossbite
- Phase I
- Impacted Tooth
- Molar Uprighting
- Space Maintainance
- TMJ (Additional consultation fee may apply)

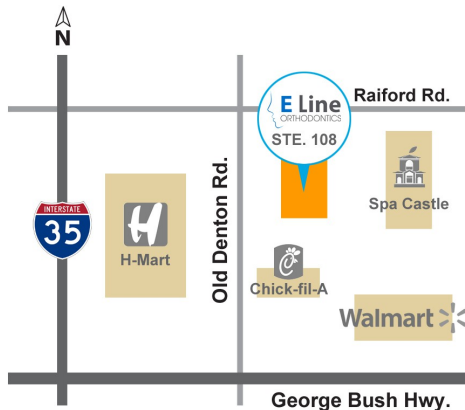
**Restorative Treatment**

- is completed
- is underway
- is pending based on outcome of orthodontic findings
- Recent full mouth/panoramic radiographs are available

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- ✓ Complimentary Orthodontic Consultation
- ✓ Accept Most PPO Plans
- ✓ Care Credit
- ✓ 0% Interest Monthly Payments

Dear Doctor, we also provide 3D CBCT imaging service at lower cost for enhanced treatment planning and Diagnosis.

Thank you for your referrals.