



KARE ORTHODONTICS

EHSAN KARIMIAN D.D.S.. M.S.D

Diplomate, American Board of Orthodontics

Patient Name: _____

Age: _____

Parent: _____

Patient's Phone #: _____

Restorative Treatment:

- Completed
- In Progress
- Post Orthodontic
- X-ray Taken

Last Recall Date: _____

Comments: _____

Referred by: _____

Date: _____



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Orthodontists

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