



f l o s s o p h i e

DENTAL + ORTHO

Bennet Lee DMD, MS

Board Certified Orthodontist

Patient Name _____ Date _____

Patient Phone _____ Referred by _____

Areas of Concern:

- Crowding
- Spacing
- Overjet
- Overbite
- Openbite
- Crossbite
- Missing Teeth
- Impacted Teeth
- Pre-prosthetics
- Orthognathic surgery
- Early or Interceptive Treatment
- Space Maintenance
- Other _____

Dental History:

- Date of last cleaning and checkup _____
- Panoramic radiograph is available
- Restorative work needed



1019 N. Harbor Blvd.
Fullerton, CA 92832
714.784.0844

hello@flossophiedental.com



@flossophiedental



flossophiedental.com