HAVEN ORTHODONTICS

Brittany Fischer, DDS, MS

Date_____ Patient Name _____

DOB_____ Patient Phone _____

Areas of Concern:

- ☐ Space Maintenance
- ☐ Early Interceptive Treatment
- ☐ Comprehensive Orthodontics
- ☐ Clear Aligner Treatment
- ☐ Interdisciplinary Treatment
- ☐ Other _____

Dental History:

- ☐ Date of last recall / cleaning _____
- ☐ Good dental health, no pending treatment
- ☐ Restorative or periodontal treatment pending

Comments:

_____

_____

Referring Doctor _____

Phone_____ Email _____

Please send this referral with the patient or email to our office at hello@myhavenortho.com. Thank you for your referral.

285 N El Camino Real, #217
Encinitas, CA 92024

schedule your complimentary consult

760.230.5665 www.myhavenortho.com