

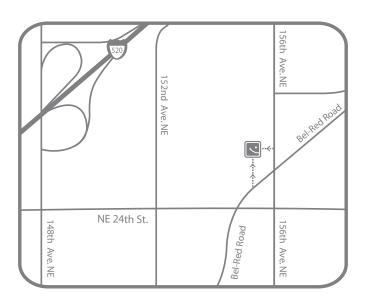
Int	roducing:			_
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	Please Evaluate:			
	Arch Length	<ul><li>delayed eruption</li><li>small teeth</li></ul>		
	Xrays: ■ include	ed will mail/email	■ please take	
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	Comments:			

Please fax us a copy of this referral. 425.746.7486 Please send electronic records to records@lakehillsortho.com

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