

West Seattle  Orthodontics
Heidi K. Horwitz, DDS

Name of Patient: _____ Date: _____

Patient Phone: _____ Patient Date of Birth: _____

PATIENTS: Please call our office to schedule an appointment at: (206) 938-9380

Referred by: _____ Date of last cleaning: _____

Current Panoramic X-Ray available? Yes ___ No ___ Perio Charting? Yes ___ No ___

Area(s) of Concern: _____

REFERRING DOCTORS: Please email your referral and records to:
info@westseattleortho.com

Thank you for your continued support!

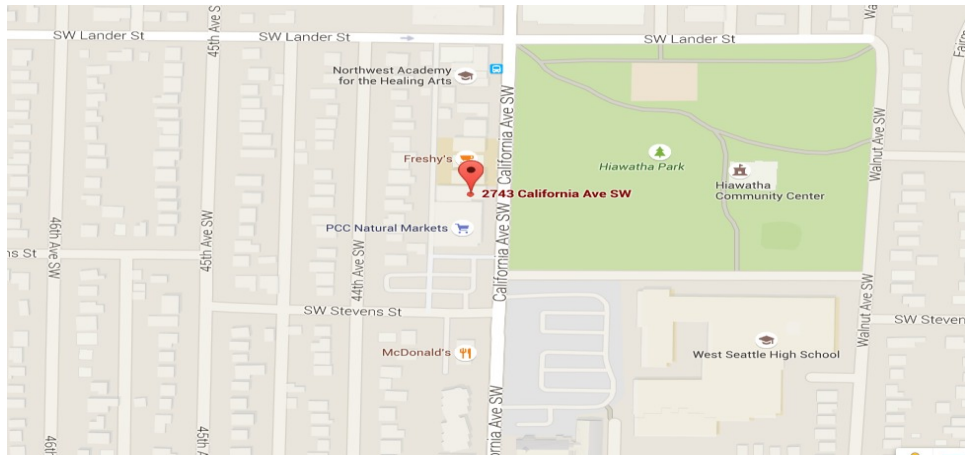
2743 California Ave SW, STE 201 | Seattle, WA 98116 | Ph: 206.938.9380 | Fax: 206.938.9384 | www.westseattleortho.com

Member American Association of Orthodontists®



West Seattle Orthodontics

Heidi K. Horwitz, DDS



2743 California Ave SW, STE 201 | Seattle, WA 98116 | Ph: 206.938.9380 | Fax: 206.938.9384 | www.westseattleortho.com

Member American Association of Orthodontists®

