

15593 S.E. Mill Plain Blvd. Vancouver, WA 98684 phone 360-882-5090 fax 360-882-5121

Introducing	Age
Referred by Dr	
Responsible party	
Resp. party phone	
Please evaluate for:	
Interceptive/Mixed dentition treatment	
☐ Adolescent treatment ☐ Adult trea	tment
Specific concerns	



Thank you for your interest. We are pleased that your dentist has referred you for an orthodontic evaluation. Our goal is to provide you with the finest orthodontic care in an environment that is comfortable and friendly.

When visiting us for the first time, please have information available regarding any medical conditions, medications or insurance that we may need to know about.

We are pleased to have you in our office and look forward to meeting you.

Dr. Cai & Staff

www.drlaurencai.com



870 12th Avenue Longview WA 98632 phone 360-425-8210 fax 360-577-1605 Age

Introducing	
	Date
Responsible party	
Resp. party phone	
Please evaluate for:	
■ Interceptive/Mixed dentition	n treatment
Adolescent treatment	Adult treatment
Specific concerns	



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