

___/___/20__

Dear _____,

Re: _____ BD: _____

Would you please examine and report on the above patient:

My Concern is:

- Crowding Upper Lower
- Bite
- Overjet
- Overbite

Other:

The Patient's/Parent's concern is:

- As above

Other:

I am enclosing: More information

- Recent X-Rays: OPG
- Bite Wings
- Peri-apical of _____
- Other _____

I am sending them by ___ mail / ___ email

I ___ would / _ not like them returned when you are finished with them.

Sincerely

Signature

Name