

Telephone: (650) 692-7933  
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E-mail: info@marcusmile.com



**To: Alan D. Marcus, DDS, MSD**  
Specialist in Orthodontics  
485 Broadway - Suite 500  
Millbrae, CA 94030

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**Introducing** \_\_\_\_\_ **Age** \_\_\_\_\_  
For Orthodontic Evaluation

**Patient's Telephone:** \_\_\_\_\_  
(Please include only if you want our office to contact the patient)

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*Fold Here*

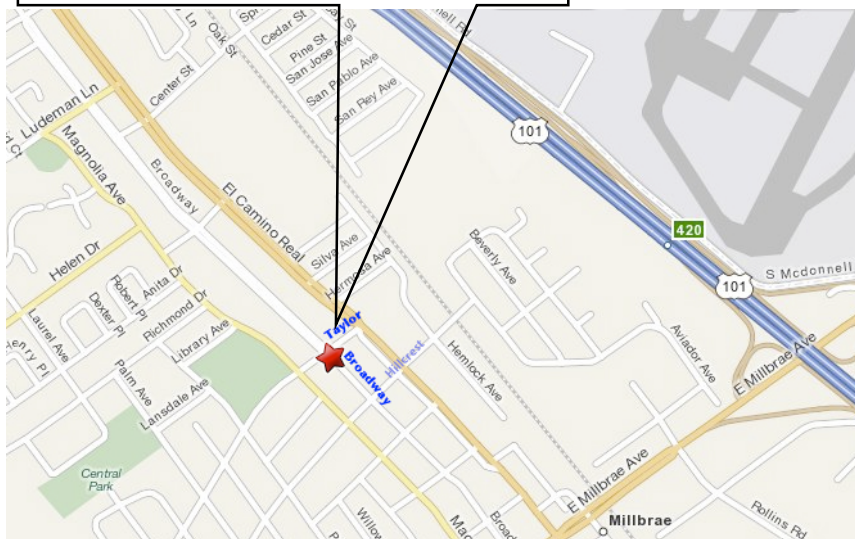
**Comments:**

Current x-rays available: ☐ Pan ☐ F.M.X.

**Dr.** \_\_\_\_\_ **Date:** \_\_\_\_\_

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