

*Albertville*  
**ORTHODONTICS**  
*Buffalo*  
 We Specialize in Smiles

**David Resch, DDS, MS**  
 Specialist in Orthodontics



Member  
 American  
 Association of  
 Orthodontists

Patient:	Today's Date:
Patient Phone:	Patient Date of Birth:

Referred by:

Referring Doctor:
Doctor Phone:

**Areas Of Concern:** (please circle)

- |                   |                    |
|-------------------|--------------------|
| Class II          | Class III          |
| X-Bite (Anterior) | X-Bite (Posterior) |
| Overbite          | Overjet            |
| Spaces            | Crowding           |
| Impaction         | Other _____        |

**Referring to Location:**

Albertville Orthodontics  
 5075 Jason Avenue NE  
 Albertville, MN 55301  
 (763) 497-2550  
 www.AlbertvilleSmiles.com

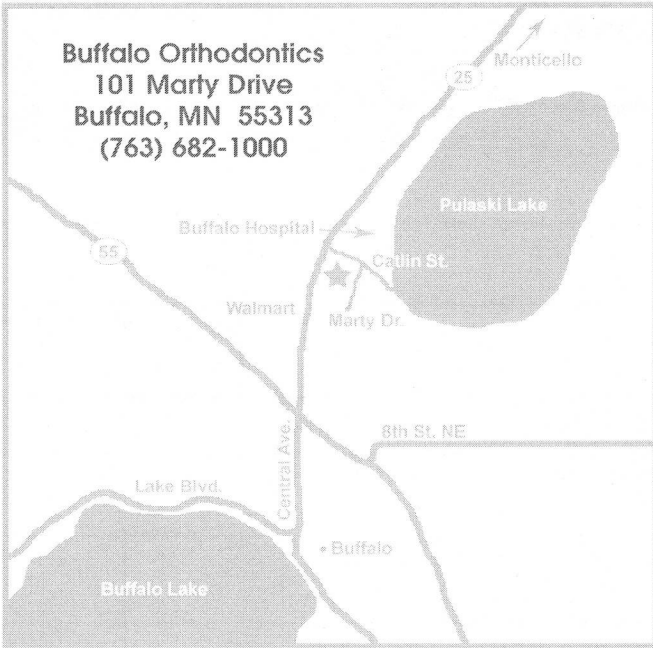
Buffalo Orthodontics  
 101 Marty Drive  
 Buffalo, MN 55313  
 (763) 682-1000  
 www.BuffaloSmiles.com

**- Maps on Reverse Side -**

White Copy - Patient

Yellow Copy - Chart

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