

Dr.Hani Al Sibai, BDS



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Dr. _____ is referring _____ to “Mpls Skyline Orthodontics” for a complimentary consultation regarding

Crossbite (Posterior/Anterior)

Crowding

Spacing

Overbite (Deep/Open)

Overjet

Underbite

Impacted or Unerupted teeth

Missing teeth

Teeth movements (Intrusion, extrusion, uprighting, other)

Habits (tongue thrust, finger sucking, mouth breathing, other)

Growth evaluation / Future prediction

TMJ concerns (pain, popping, locking, difficulty chewing, other)

Retainer concern

Comments



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Call or email us to schedule your free examination
(PLEASE BRING THIS FORM TO YOUR APPOINTMENT)

