



Hany Youssef, DDS, MS  
**714-782-0217**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Phone \_\_\_\_\_

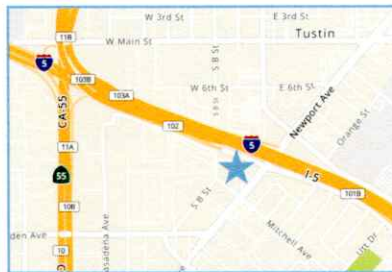
Referred by \_\_\_\_\_

**Areas of Concern:**

- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Crowding                        | <input type="checkbox"/> Spacing           | <input type="checkbox"/> Overjet              | <input type="checkbox"/> Overbite |
| <input type="checkbox"/> Openbite                        | <input type="checkbox"/> Crossbite         | <input type="checkbox"/> Missing Teeth        |                                   |
| <input type="checkbox"/> Impacted Teeth                  | <input type="checkbox"/> Pre-prosthetics   | <input type="checkbox"/> Orthognathic surgery |                                   |
| <input type="checkbox"/> Early or Interceptive Treatment | <input type="checkbox"/> Space Maintenance |   |                                   |
| <input type="checkbox"/> Other _____                     |  |   |                                   |

**Dental History:**

- Date of last cleaning and checkup \_\_\_\_\_
- Panoramic radiograph is available
- Restorative work needed



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