



**LARSON**  
*Orthodontics*

1890 Lassen Blvd Suite A-1  
Yuba City, CA 95993  
(530) 674-5047 Main  
(530) 674-9366 Fax

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Last Panoramic X-Ray: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MINORS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN

Reason for Orthodontic Consultation: \_\_\_\_\_

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Referring Doctor: \_\_\_\_\_