



LAS VEGAS ORTHODONTICS

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LVO Summerlin | 702-240-2300

8551 W LAKE MEAD BLVD, STE 261, LAS VEGAS, NV 89128

Introducing _____

Referred by Dr. _____

Appointment Date _____

- Please Evaluate for Early or Interceptive Treatment
- Please Evaluate for Comprehensive Orthodontic Treatment
- Please Evaluate for Orthognathic Surgery
- Please Evaluate for Pre-Restorative Treatment
- Other _____

Comments _____

- Please Call Me Before Proceeding with Treatment

Thank you for your interest in our office. We are pleased that your doctor has referred you for an orthodontic evaluation. Our goal is to provide you with the highest quality care in an environment that is comfortable and friendly.

Please call us to schedule your initial exam. We are proud to invite you to our office and look forward to meeting you!

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