



GIG HARBOR - TACOMA
ORTHODONTICS
DR. PATRA ALATSIS

Introducing: _____ Today's date: _____

Phone #: _____ Gender: M ☐ F ☐ Date of Birth: _____

Parent of Responsible Party: _____

Referring Dentist: _____

Last Prophylaxis/Exam Date: _____

Last Pano Date (Email if within 12 months): _____

Pending Treatment: _____

Patient is being referred for:

- ☐ Comprehensive Orthodontic Treatment
- ☐ Interceptive Orthodontic Treatment
- ☐ Monitor Growth and Development

Specific Concerns: _____

Preferred Office:

- ☐ **Gig Harbor Orthodontics**
5334 Olympic Drive
Suite 201
Gig Harbor, WA 98335
Phone: 253-851-9473
gigharbor@ghtortho.com

- ☐ **Tacoma Orthodontics/
Proctor Braces**
2714 North Proctor Street
Tacoma, WA 98407
Phone: 253-851-9473
tacoma@ghtortho.com



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