

Albert Lam, D.M.D.
Orthodontics for Adult & Children

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Introducing _____

Appointment Date and Time _____

***Please Bring This Form To Your Appointment
Call (415) 398-4400 to schedule your appointment***

Referring Doctor _____

☐ *Orthodontic Evaluation*

☐ *Early Interceptive Treatment*

☐ *Habit Correction*

☐ *Clear Braces*

☐ *Invisalign*

☐ *Orthognathic Surgery Evaluation*

☐ *Other*

Additional Information:

Please call me prior to starting treatment