

17881 Beach Blvd
Huntington Beach, CA 92647
Tel: 714-847-3513
Fax: (714) 375-2199
www.ocspecialtyendo.com



Date ____/____/____ Introducing _____ Referred by Dr. _____

Welcome to our Orthodontic Office

Thank you for selecting our office to provide you with a Beautiful Smile.

What to Expect:

1. At the Initial visit, they will do a comprehensive exam. Please allow 1 hour for this appointment.
2. Consult is complimentary.
3. Our goal is to utilize the latest technology for exceptional dental care.

Referred for the following

- Phase One Early Treatment
- General Orthodontic Evaluation
- TMD/Functional Issue
- Pre-Restorative Orthodontics
- Other _____

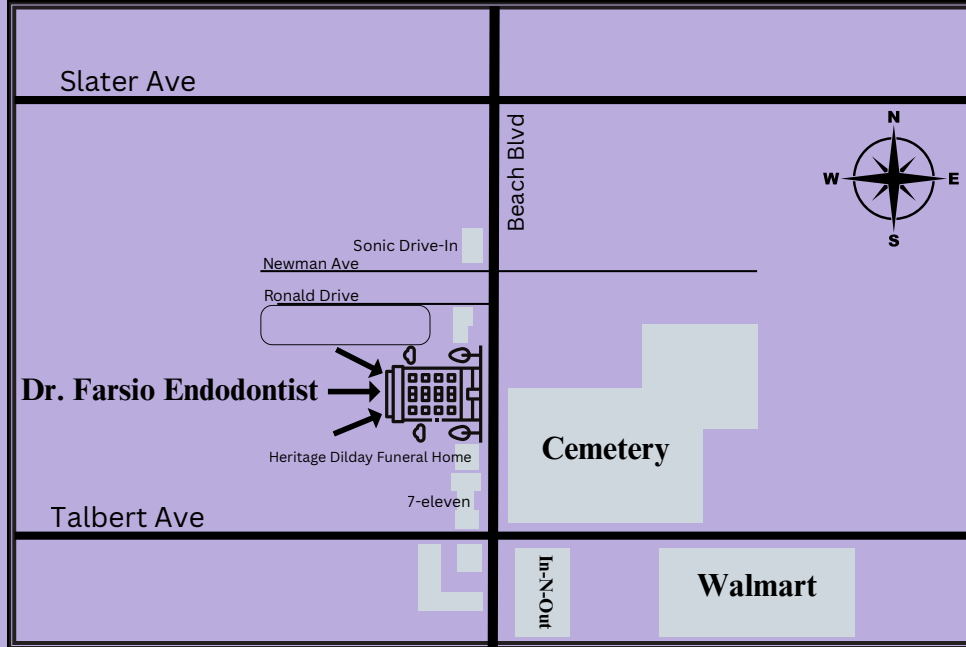


Appointment Schedule For
Date: _____ Time: _____

O.C. SPECIALTIES
ORTHODONTICS
DENTAL GROUP



 [oc_specialtiesdental](https://www.instagram.com/oc_specialtiesdental)



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