MICHAEL J. WALL, DMD, MS

specialist in orthodontics

Patient Name: _____

Referring Doctor: _____

Schedule an Appointment!

Call - **(808) 235-6801**
Email - assist@drwall.net

Appointment Time & Date: _____

*Visit **DRWALL.NET** for additional information!*

Patient Concerns: (check all that apply)

- ☐ Crooked/Crowded Teeth
- ☐ Cross-bite
- ☐ Over-bite
- ☐ Under-bite
- ☐ Generalized Spacing
- ☐ Deep-bite/Open-bite
- ☐ Over-jet
- ☐ Missing/Impacted Teeth

- ☐ Comprehensive Orthodontic Evaluation
- ☐ General Dissatisfaction with Smile Appearance

Doctor Notes:

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45-1048 Kamehameha Highway, Suite B, Kaneohe, HI 96744

Member American Association of Orthodontists

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