

The Aligner Studio

www.thealignerstudio.com

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Dr. Dustin Hollevoet D.D.S., M.S.
Dr. Thomas Welk D.D.S., M.S.

Dr. John Welk D.D.S., M.S.
Dr. Megan Welk D.D.S., M.S.

Date _____

I am referring _____

Date of Birth _____ Age _____

Parents Name & Address _____

Phone _____ Work Phone _____

Policy Holder _____ Policy Holder DOB _____

Policy Holder SSN/Policy ID _____ Ins. Company _____

I am also concerned about the following teeth and/or areas:

		A B C D E								F G H I J									
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left		
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			
		T S R Q P								O N M L K									

Comments:

Panoramic emailed.

Panoramic sent.

Patient will call you for an appointment.

Insurance?

Member
American Association of
Orthodontists



Sincerely, _____