



GIG HARBOR - TACOMA
ORTHODONTICS
DR. PATRA ALATSIS

Introducing: _____ Today's Date: _____

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

Parent or Responsible Party: _____

Referring Dentist: _____

Last Prophylaxis/Exam Date: _____

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

Pending treatment: _____

Patient Is Being Referred For: (check one)

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

Specific Concerns: _____

Preferred Office:

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

Tacoma Orthodontics
4301 S. Pine Street, Suite 231
Tacoma, WA 98409
phone: 253-474-9473
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