

Referral for orthodontic treatment

Subject: Referral for Orthodontic Treatment

Dear Dr. [Last Name],

I am referring [Patient's Full Name], a [patient's age]-year-old patient, for orthodontic assessment. During routine check-ups, I observed significant malocclusion that requires corrective orthodontic treatment.

I have provided a summary of their dental history and recent radiographs. The patient and their parents are aware of the referral and eager to proceed.

Thank you in advance for your expert care and guidance.

Sincerely,

[Your Name]

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