



Dr. Tarek El-Bialy, PhD, FRCD(C), EMBA
Certified Specialist in Orthodontics

FREE Orthodontic Consultation with Referral

Date: _____

Patient Name: _____ Parent/Guardian _____

Age: _____ DOB _____ Phone: _____

Email: _____

Reason for Referral:

- Phase 1 / Early / Interceptive Treatment Evaluation
- Comprehensive Treatment with Full Bonded Therapy
- Invisalign Clear Aligner Therapy
- Surgical Orthodontics
- Space management or localized concerns
- Other: _____

Please include any relevant details or comments: _____

Referred by Dr. _____ Clinic Name: _____

Phone: _____ E Mail: _____

THANK YOU VERY MUCH FOR YOUR TRUST AND REFERRAL!