



THE OFFICE OF
Dr. Ted Struhs

Patient Name: _____

Referred by: _____ Date: _____

PLEASE EVALUATE FOR:

- Malocclusion Correction
 - I II III
- Space Correction
 - Crowding Space
- Crossbite Correction
- Growth & Development Evaluation
- Habit Intervention
- Invisalign®/InvisalignTeen®

NOTES: _____



11355 S. Parker Rd.
Suite 109
Parker, CO 80134
303-841-2262

3750 Dacoro Ln.
Suite 145
Castle Rock, CO 80109
720-733-0353