



FAMILY ORTHODONTICS
of Dublin

Susan Hsieh, DMD, MS

6378 Clark Ave.
Dublin, CA 94568
tel: (925) 551-8765
fax: (925) 551-8644
familyorthodublin.com

Introducing _____

Age _____ Phone _____

Reason for Referral:

Restorative Treatment:

- Completed
- In Progress _____
- To be completed after orthodontic treatment _____

Radiographs (taken within last year):

- Panorex
- We will forward X-rays to your office
- FMX
- Patient will bring X-rays
- Bitewings
- Periapicals

Referred by _____ Date _____

Thank you for your referral!

Member
American Association of
Orthodontists



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Welcome to our practice!

You have been referred to our office for specialized care. Please call us to schedule an appointment. At your first visit, Dr. Hsieh will do an extensive examination and answer many of your questions regarding orthodontic treatment. As a courtesy to you and your dentist, there is no charge for this visit. We look forward to meeting you!

