

LAFAYETTE

ORTHODONTICS

Thomas O Burns DDS
Hani Ahdab DDS, MS

*Please email any relevant radiographs to
staff@lobraces.com

Date: _____

Referring Dr. _____

Office Phone: _____

Pt Name: _____

Parent Name: _____

Pt DOB: _____

Pt Phone: _____

Pt Email: _____

Reason for Referral: _____
