



PENINSULA
ORTHODONTIC GROUP, INC.
JAMES N. TSAU, DMD

11 Birch Street • Suite 100 • Redwood City, California 94062
(PH) 650.298.8400 • (FAX) 650.472.9000

www.RedwoodCitySmiles.com
info@RedwoodCitySmiles.com

Introducing: _____ Age: _____ Phone: _____

Referred by: _____ Date: _____

For: Specific Concerns or Comments: _____

- Last Prophy Date:
- Recent pano x-ray on file within 12 months
- Please call before ortho treatment
- Please send additional ortho referral forms

Thank you for this referral!

We will send an examination summary to you as soon as possible after seeing your patient.

PLEASE GIVE THE TOP COPY TO PATIENT/PARENT - THANK YOU!

Please scan to request a
complimentary consultation!



billg



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PLEASE MAIL THIS POSTCARD TO DR. JAMES - THANK YOU

TO:



PENINSULA
ORTHODONTIC GROUP, INC.
JAMES N. TSAU, DMD

11 Birch Street
Suite 100
Redwood City, California 94062-1480

PLEASE FOLD HERE

PLEASE STAPLE HERE