

Sima Rafati DDS, MS



Referred by .....

Today's Date
Patient's Name

(Referred for orthodontic consultation to Dr. Sima Rafati)

Comments .....

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Appointment Date	Time
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Please call 408.226.1234 for your initial examination appointment. This visit will provide you the opportunity to discuss any orthodontic concerns with Dr. Rafati and to explore the nature and timing of appropriate treatment.

We are looking forward to meeting you soon!

[www.rafatiortho.com](http://www.rafatiortho.com)

Tel) 408.226.1234 Fax) 408.213.7676

827 Blossom Hill Rd Suite No. E2 • San Jose, CA 95123