



DR. MICHAEL FOGGE DDS, MS

Introducing : _____ DOB: _____

Referring office: _____

- Early/Interceptive Treatment Evaluation
- Comprehensive Treatment Evaluation
- Clear Aligners Evaluation
- Retention Aligners
- Habit Correction

Areas of concern:

Radiographs available: _____

Please send to **contact@killinglydentalcare.com**

1040 NORTH MAIN STREET, DAYVILLE, CT 06241



www.KillinglyDentalCare.com