

Golden Valley Orthodontics

James R. Miller, DDS, MS
Diplomate, American Board of Orthodontics



Patient Name: _____ DOB: ____/____/____

Parent(s)/Guardian(s): _____

Referred by: _____ Date: : ____/____/____

Orthodontic Concerns:



Appointments: 763.544.2211

Valley Square Office Center, Suite 220

7575 Golden Valley Road

Golden Valley, MN 55427-4571

Fax: 763.544.5157 • **advancesortho.com**

advancesinorthodontics@gmail.com

☐ Please call to discuss case ☐ Radiographs enclosed / please return ☐ Referral pads needed