



10730 South Eastern Ave, Suite 100 | Henderson, NV 89052
P 702.735.1010

1945 Village Center Circle, Suite 110 | Las Vegas, NV 89134
P 702.364.5100

info@CheninOrtho.com | www.CheninOrtho.com



Introducing _____

Referred by Dr. _____ Today's Date _____

Responsible Party _____

Responsible Party Phone _____

Please evaluate for: Interceptive/Mixed Dentition Treatment
 Adolescent Treatment Adult Treatment

Special concerns _____

Thank you for your interest in our office. We are pleased that your doctor has referred you for an orthodontic evaluation. Our goal is to provide you with the finest orthodontic care in an environment that is comfortable and friendly.

When you call us for the first time, please have information available regarding any **medical conditions, medications, or insurance** that we may need to know about.

Stephen T. Chenin, DDS | David A. Chenin, DDS, MSD
April Cole, DDS, MBA | Robert H. Thalgot, D.M.D., M.S.



We are proud to invite you to our office and look forward to meeting you.



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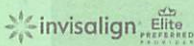
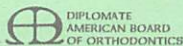


Chenin
Orthodontic Group

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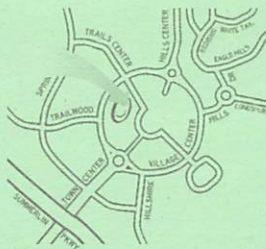
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