



**MARKHAM**  
ORTHODONTICS

**DAVID L. MARKHAM DDS, MSD**

**Natomas:** 4110 Truxel Road, Suite 130, Sacramento, CA 95834

**Auburn:** 1101 Maidu Drive, Suite 100, Auburn, CA 95603

Phone: (916) 924-8970

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

Email: [business@markhamorthodontics.com](mailto:business@markhamorthodontics.com)



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Specific Concerns: \_\_\_\_\_

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Referred By: \_\_\_\_\_

*Smile More!*

PRACTICE LIMITED TO ORTHODONTICS  
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