

#BracesBoss



PHOTO SUBMISSION FORM

**PLEASE FILL OUT
THIS FORM
COMPLETELY.
TAKE A PHOTO OF IT
AND INCLUDE IT
WITH THE OTHER 6
PHOTOS YOU SUBMIT
WHEN REQUESTING
A VIRTUAL
ASSEMENT.**

Text:

503-399-0721

Email:

justsmile@castillaortho.com

Full Name: _____

Date of Birth: _____

Elastic Wear: ____/10 _____