

Seuss Orthodontics & Pediatric Dentistry

For the Smile of Your Life



Diplomate,
American Board
of Orthodontics

Date: _____

I am referring: _____

to your office for a complimentary orthodontic evaluation.

Please note the following: _____

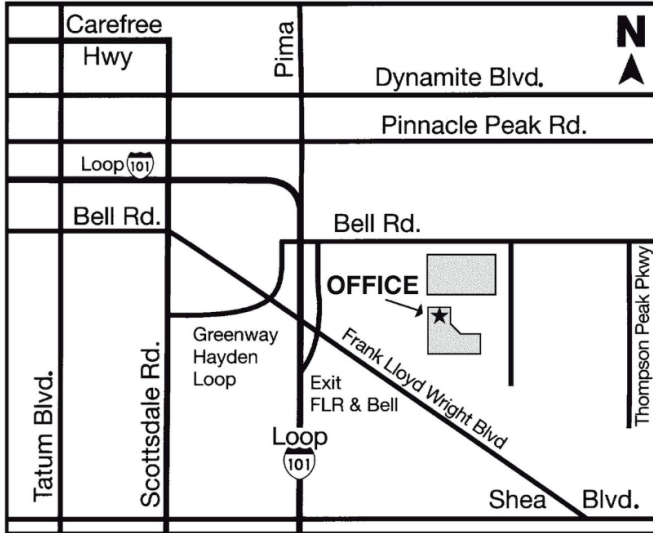
Thank you,

Office 480.948.4010

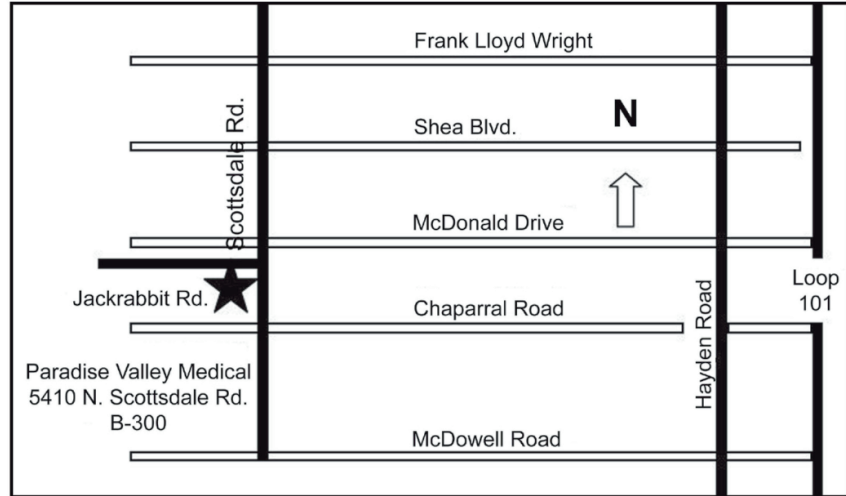
DrSeussOrtho.com

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McDowell Mountain Medical
9377 E. Bell Rd. Ste. 185
Scottsdale, AZ 85260



Paradise Valley Medical
5410 N. Scottsdale Rd., B300
Paradise Valley, AZ 85253



Seuss Kassisieh DDS, MS
(480) 948-4010
DrSeussOrtho.com

