Patient: _______________________________ is referred for the following Orthodontic consideration: _______________________________

Doctors Remarks: ____________________________________________________________

Special Concerns:

☐ Excessive Crowding     ☐ Openbite     ☐ TMJ dysfunction     ☐ Submerged Teeth
☐ Excessive Spacing     ☐ Crossbite     ☐ Narrow Dental Arches     ☐ Supererupted Teeth
☐ Missing Teeth     ☐ Tooth Impaction(s)     ☐ Midline Discrepancy     ☐ Tilted Teeth
☐ Multidisciplinary Treatment Requirements     ☐ Excessive Overjet (Protruded Teeth)     ☐ Insufficient Overjet (Retruded Teeth)     ☐ Rotated Teeth
☐ Deep Overbite     ☐ Delayed Dental Development     ☐ Wisdom teeth-Arch Length evaluation     ☐ Other: ________________________________

Special Instructions: ____________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Referred by: Dr. ____________________________________________________________

There is no charge for initial consultations or recall visits at our office. We work very closely with your family dentist while you are undergoing treatment in our office to insure that we achieve optimal treatment results, aesthetics, and dental health.