



WINNING SMILES ORTHODONTICS

Dr. Derek E. Brown, D.D.S., M.S., P.C.

Orthodontics for Children, Teenagers, & Adults

Hyattsville Office
6525 Belcrest Road, Suite 290
Hyattsville, MD 20782
Phone: 301-660-4360

Bowie Office
3060 Mitchellville Road, Suite 108
Bowie, MD 20716
Phone: 301-660-4360



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



Doctors Remarks: _____



Special Concerns:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> <i>Excessive Crowding</i> | <input type="checkbox"/> <i>Openbite</i> | <input type="checkbox"/> <i>TMJ dysfunction</i> | <input type="checkbox"/> <i>Submerged Teeth</i> |
| <input type="checkbox"/> <i>Excessive Spacing</i> | <input type="checkbox"/> <i>Crossbite</i> | <input type="checkbox"/> <i>Narrow Dental Arches</i> | <input type="checkbox"/> <i>Supererupted Teeth</i> |
| <input type="checkbox"/> <i>Missing Teeth</i> | <input type="checkbox"/> <i>Tooth Impaction(s)</i> | <input type="checkbox"/> <i>Midline Discrepancy</i> | <input type="checkbox"/> <i>Tilted Teeth</i> |
| <input type="checkbox"/> <i>Multidisciplinary Treatment Requirements</i> | <input type="checkbox"/> <i>Excessive Overjet (Protruded Teeth)</i> | <input type="checkbox"/> <i>Insufficient Overjet (Retruded Teeth)</i> | <input type="checkbox"/> <i>Rotated Teeth</i> |
| <input type="checkbox"/> <i>Deep Overbite</i> | <input type="checkbox"/> <i>Delayed Dental Development</i> | <input type="checkbox"/> <i>Wisdom teeth-Arch Length evaluation</i> | <input type="checkbox"/> <i>Other:</i> _____

_____ |



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.