

live life smiling



HULME
ORTHODONTICS

COMPLIMENTARY NEW PATIENT EXAM

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Referred by Dr. _____

Date _____

Introducing

Name _____

Age _____

Phone _____

For An Orthodontic Evaluation

- Full orthodontic evaluation and treatment as indicated
- Evaluation particularly noting the following problems:
 - Patient's/parent's chief complaint
 - Crowding, spacing
 - Jaw size/growth discrepancy (class II, class III, asymmetry)
 - Open bite, deep bite
 - Crossbite(s) (anterior, posterior, narrow palate)
 - Pre-prosthetic considerations (abutment preparation, rotations, tipping)
 - Other

Comments _____

Full mouth series available Date _____

Panoramic radiograph available Date _____

Dental treatment needed; Please call before starting Orthodontic treatment

Date of last dental cleaning _____

Thank you for this referral. We will send an examination summary to you as soon as possible after seeing your patient.